



The Health and Well-Being
of Children and Young People
in South East England 2005

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The health and well-being of children and young people in South East England

A compendium of facts and figures on the health status and determinants of health of children and young people.

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Chapter 1

Introduction

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1.1 Aims and objectives of this report

Improving the health and well-being of children and young people is key to increasing the overall health of the population and to reducing inequalities. The Green Paper *Every Child Matters*, the Children Bill and the National Service Framework for Children, Young People and Maternity Services are all evidence of a strong commitment across government to improving outcomes for children and young people in England.

Although a considerable volume of information is available on the health, education and socio-economic status of children and young people, there is no single source that brings all the evidence together to provide a composite picture of the health and well-being of those aged under 20 in South East England.

This compendium is an attempt to do just this by providing clear, up-to-date factual evidence that can be used to guide and inform the development and implementation of policies and programmes aimed at improving the lives of children and young people across the region. In addition, the compendium also attempts to illustrate the impact of the large number of regional initiatives such as Sure Start aimed at improving the life chances of children and young people in the South East.

There are, however, several areas where the evidence is thin. This is particularly so in the case of information on lifestyle factors such as childhood obesity. But as improved data sources become

available, these deficiencies will be addressed in subsequent editions of the compendium.

Supporting the compendium is a data set containing the actual figures for all the indicators to enable users across the region to produce local profiles of the health and well-being of children and young people (available from www.sepho.org.uk Quick Link resource ID 9165).

Acknowledgements

This compendium has been produced by Robert Kyffin and Yvonne Arthurs on behalf of the South East Regional Public Health Group, part of the Department of Health based in the Government Office for the South East (GOSE).

The authors are very grateful for the input and support of Dr Alison Hill and the staff of the South East Public Health Observatory; Lesley Taylor and the members of the Children and Young People's Forum in GOSE; and the members of the South East Regional Public Health Group.

Dr Mike Gill, the South East Regional Director of Public Health, has been an on-going source of support and we are pleased that sections from the compendium have been used to inform his annual report for 2004 (www.sepho.org.uk Quick Link resource ID 9100).

1.2 Indicator selection and interpreting the figures and maps

Indicator selection

The choice of indicators used in this report has been determined by a number of considerations including the availability (and limitations) of relevant data sources, the Public Service Agreement targets detailed in the 2004 Spending Review (www.hm-treasury.gov.uk/spending_review/spend_sr04/spend_sr04_index.cfm), and the basket of health inequalities indicators developed by London Health Observatory on behalf of the Association of Public Health Observatories of England and Wales (www.lho.org.uk/Health_Inequalities/BasketOfIndicators/BasketIndicators.htm).

The majority of the indicators are based on routine data sources which are readily available in the public domain. The list is by no means exhaustive and more will be added to subsequent editions of the compendium.

Interpreting the figures and maps

The analysis of the indicators is primarily descriptive. Each section begins with a short explanation of the relevance of the indicator, followed by a comparison of the regional and national rates and by an analysis of variations within the South East. Wherever possible, a description of recent trend data is also included.

To ease reading, the numbers of children and young people affected by each of the indicators have been rounded to the nearest ten or hundred. The actual numbers involved can be found in the data set which accompanies the compendium (www.sepho.org.uk Quick Link resource ID 9165).

Two types of maps are shown for the majority of the indicators:

Quintile maps: These show the distribution of the indicator scores across the South East by dividing the constituent local authorities into five equally numbered groups. Quintile maps provide a picture of the relative performance of individual local authorities in a regional context, but can conceal areas with extremely high or low scores.

Significance maps: This type of map addresses these concerns by using the 95 per cent confidence intervals for the indicator scores to show which local authorities perform statistically significantly better or worse than both the national and regional averages. Significance maps provide a clearer picture of those differences which are more likely to be 'genuine', and can assist with the interpretation of indicators based on relatively small numbers.

Finally, where appropriate, the strength of the correlations between the indicators and the levels of deprivation across the region are included. The correlation scores measure the extent to which the variations in the indicator values are associated with the deprivation scores recorded in the Office of the Deputy Prime Minister *Indices of Deprivation 2004*. The correlations – which range from 1 (a perfect association) to 0 (no association) – do not necessarily mean a causal relationship exists between deprivation and the indicators, but scores in excess of 0.60 do suggest that poverty is likely to be a major contributory factor.

Chapter 2

How many children and young people are there?

This chapter uses the most recently available population estimates and projections to look at the numbers, age distribution and ethnicity of children and young people in the South East.

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2.1 Population size and distribution

Key Facts

There are nearly two million under 20 year olds in the South East equivalent to roughly a quarter of the population

Milton Keynes has the highest proportion of persons aged under 20 (27.5 per cent) and Arun the lowest (20.9 per cent)

According to the Office for National Statistics (ONS) mid-year estimates for 2003, there are 1,987,600 children and young people aged under 20 in the South East. This number corresponds to 24.6 per cent of the population of the region, which is a slightly smaller proportion than the equivalent figure for England (24.8 per cent). Kent & Medway strategic health authority area has the highest proportion (25.6 per cent) of children and young people in the South East, while Surrey & Sussex (23.4 per cent) has the lowest.

There are 60,300 more boys and young men than girls and young women in the South East: the sex ratio is 1.06 males to every one female under the age of 20, which is similar to the national average.

Milton Keynes is the local authority with the largest proportion of children and young people (27.5 per cent) of the total population, followed by Medway (27.4) and Bracknell Forest (27.0). In contrast, Arun, Brighton & Hove and Rother have relatively older age structures with less than 22 per cent of their local populations aged under 20.

Reflecting the relative geographic distribution of the total population of the South East, Medway has the largest absolute number of children and young people (68,800), while Arun has the lowest (14,000).

Table 2.1

Percentage and number of persons aged under 20 by local authority, 2003

	Per cent of total population	Number of persons aged under 20
ENGLAND	24.8	12,350,200
SOUTH EAST	24.6	1,987,600
Largest percentage aged under 20		
Milton Keynes	27.5	59,300
Medway	27.4	68,800
Bracknell Forest	27.0	29,700
Slough	26.9	32,000
Tonbridge & Malling	26.5	29,000
Aylesbury Vale	26.4	44,000
Swale	26.3	33,000
Smallest percentage aged under 20		
Arun	20.9	29,900
Brighton & Hove	21.0	52,700
Rother	21.2	18,200
Chichester	22.0	23,600
Runnymede	22.1	17,300
New Forest	22.2	38,000
Worthing	22.3	21,800

Source: Office of National Statistics. *Mid-2003 Population Estimates*.
Note: All numbers rounded to nearest hundred.

2.2 Numbers of births

Key Facts

There were 88,100 live births in the South East in 2002

The number of births in the region is falling

Slough has the highest birth rate (65.6 per 1,000) and Oxford the lowest (41.9)

In 2002, there were 88,100 live births in the South East, which equates to a rate of 54.2 births per 1,000 females aged 15 to 44. This figure is slightly, but significantly, lower than the rate for England (54.9). As with nationally, the number of births in the South East is falling in both absolute and relative terms: there were 2,400 fewer births in 2002 compared with 2000, and the birth rate fell by 1.6 per cent.

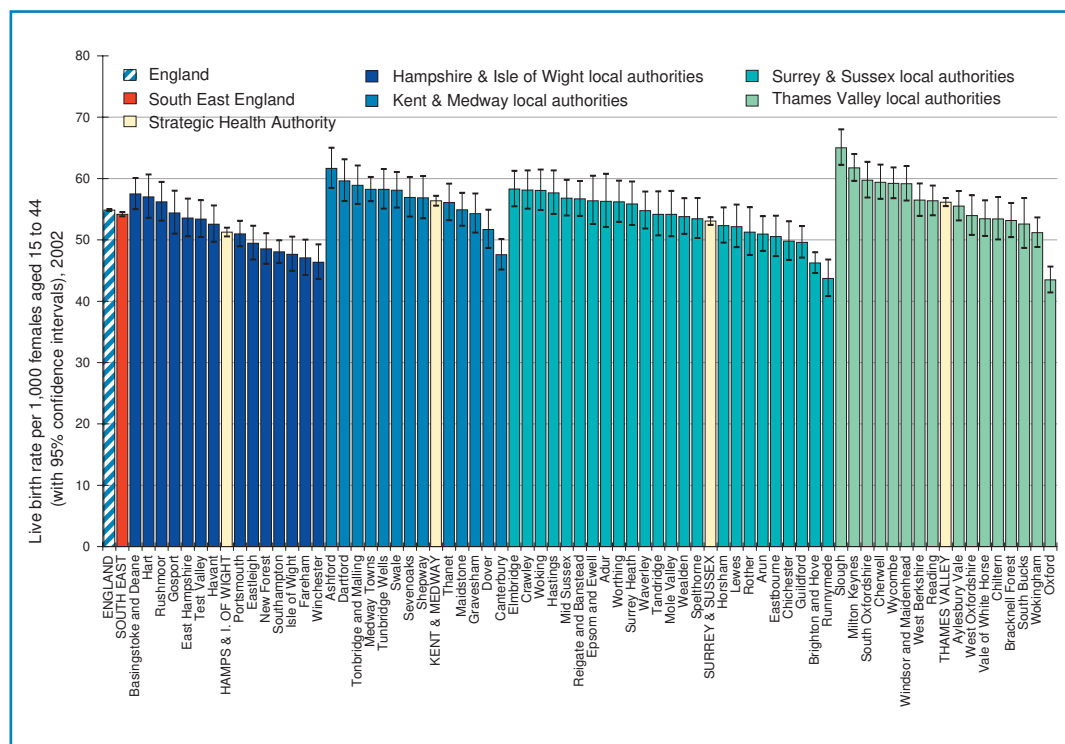
Within the South East, there are significant variations in the numbers of births between the four strategic health authority areas: while Hampshire & Isle of Wight and Surrey & Sussex had rates of 51.3 and 53.1 respectively, the rates in Kent & Medway and Thames Valley were in excess of 56 births per 1,000.

On average over the three year period 2000 to 2002, Slough (65.6 births per 1,000 females), Ashford (60.5), Milton Keynes (60.5) and South Oxfordshire (60.4) had the highest birth rates in the South East, while the lowest rates were found in Oxford (41.9), Canterbury (46.6) and Brighton & Hove (46.9). The largest percentage increases in the birth rate were experienced in Elmbridge (17.5 per cent), Test Valley (15.5) and Rother (14.2), while Runnymede (-23.7 per cent), Lewes (-15.6) and Isle of Wight (-14.2) saw the largest decreases.

Ethnic group is not currently recorded on birth certificates in England, although national sample surveys have indicated that some Black and Minority ethnic groups have higher birth rates than the White British population. The large minority ethnic population in Slough may in part account for the higher birth rate of this area, which is significantly greater than the national and regional averages.

Birth rate by local authority, 2002

Figure 2.1



Source: Office of National Statistics. *Compendium of Clinical and Health Indicators 2003*.

2.3 Ethnicity of children and young people

Key facts

The largest minority ethnic group aged under 20 in the South East is the Other White group

The Indian and Pakistani groups are the next largest and are highly concentrated in urban areas such as Slough and Wycombe

According to the 2001 Census, 90.4 per cent of those aged under 20 in the South East are from the White British ethnic group compared to the national average of 84.2 per cent. The Hampshire & Isle of Wight strategic health authority area has the highest proportion of White British children and young people (94.2 per cent) and Thames Valley the lowest (84.6). At a local authority level, Havant (97.2 per cent), Isle of Wight (97.1) and Gosport (97.1) have the largest proportions of White British children, while Slough (50.2), Oxford (74.8) and Reading (77.3) have the lowest.

The largest Black and Minority ethnic group in the South East amongst those aged under 20 is the Other White group which accounts for 21.5 per cent (40,800 persons) of the total minority ethnic population in the region. The next two largest groups are the Indian (25,200 persons; 13.3 per cent of the

minority ethnic total) and Pakistani (24,500 persons; 12.9 per cent) populations.

Although the Other White population is the largest minority ethnic group in the South East, it is relatively dispersed across the region: the biggest Other White community in both numeric and percentage terms is found in Elmbridge (2,700 persons; 9.0 per cent of the local population aged under 20; 6.6 per cent of the total Other White population aged under 20 in the South East). In contrast, the Indian and Pakistani groups are much more concentrated in a smaller number of areas: the largest Indian population is found in Slough (5,100 persons; 15.5 per cent of the local population under age 20; 20.1 per cent of the total Indian population aged under 20 in the South East), while the largest Pakistani communities are also found in Slough (6,100; 18.8 per cent; 25.0 per cent) and in Wycombe (4,400 persons; 10.5 per cent; 17.9 per cent).

Table 2.2

Largest Black and Minority ethnic group populations aged under 20 by local authority, 2001

	Per cent of total under 20 population	Number of persons
All Black and Minority ethnic groups		
ENGLAND	15.8	1,950,100
SOUTH EAST	9.6	190,000
Slough	49.8	16,200
Oxford	25.2	7,900
Reading	22.7	7,900
Wycombe	22.1	9,300
Other White ethnic group		
ENGLAND	1.9	230,900
SOUTH EAST	2.1	40,800
Elmbridge	9.0	2,700
Oxford	5.5	1,700
Runnymede	5.4	1,000
Windsor & Maidenhead	5.2	1,700
Indian ethnic group		
ENGLAND	2.5	306,900
SOUTH EAST	1.3	25,200
Slough	15.5	5,100
Gravesham	8.6	2,200
Crawley	5.5	1,400
South Bucks	3.9	600
Pakistani ethnic group		
ENGLAND	2.5	308,100
SOUTH EAST	1.2	24,500
Slough	18.8	6,100
Wycombe	10.5	4,400
Woking	6.8	1,500
Crawley	5.0	1,300

Source: Office of National Statistics. 2001 Census.
Note: All numbers rounded to nearest hundred.

2.4 Future population change

Key facts

The number of under 20 year olds in the South East is projected to steadily fall until 2015 before increasing again thereafter

The largest increases are expected in Ashford, Elmbridge and Epsom & Ewell, and the largest decreases in Gosport and Rushmoor

Updated subnational population projections based on the results of the 2001 Census for the period 2003 to 2028 were published by the Office for National Statistics in late 2004.

The number of under 20 year olds in England is projected to fall each year to a low point 4.6 per cent below the 2003 baseline by 2017. The number will then steadily increase, but only to a level 2.7 per cent below the 2003 figure by 2028. For the South East, the number of under 20 year olds is projected to fall by 2.1 per cent by 2015 before recovering to a figure 1.3 per cent above the 2003 baseline by 2028 (equivalent to 2,012,600 children and young people).

There are, however, marked differences in the projections between the four quinary age groups under 20 in the region. The number of under five year olds is projected to progressively increase over the next two and half decades, while for those aged five to nine, the numbers will fall before steadily increasing to a figure 2.4 per cent above the 2003 baseline by 2028. The number of 15 to 19 year olds will rapidly increase by 6.3 per cent by 2007 before oscillating at a level broadly equivalent with the 2003 baseline thereafter. Lastly, the number of ten to 14 year olds in the region is projected to decrease by 8.9 per cent by 2013, before increasing slightly in later years.

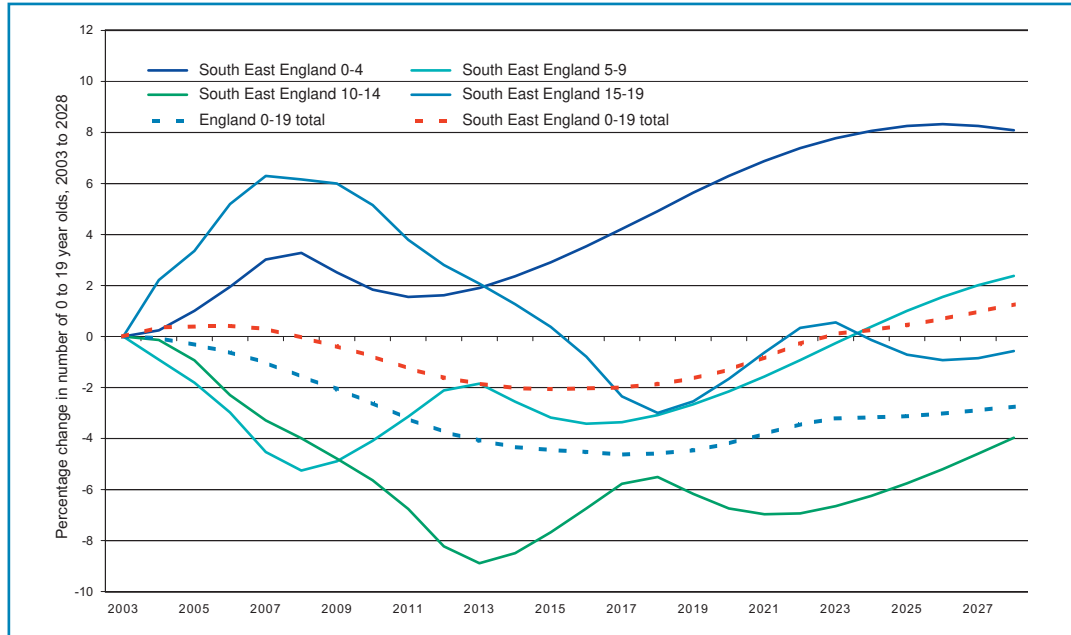
By 2028, the number of children under the age of ten is projected to increase by 2.1 per cent in England and 5.1 per cent in the South East. Both nationally and regionally, however, this increase will be insufficient to prevent the proportion of the total population aged under ten falling from roughly 24.7 per cent in 2003 to 21.7 per cent in 2028. Within the South East, the largest increases in the numbers of under ten year olds are projected for Surrey & Sussex (5.9 per cent) and Thames Valley (5.6). The majority (49; 73.1 per cent) of local authority areas in the region are expected to experience an increase in the number of children, with the largest gains in Epsom & Ewell (23.8 per cent), Ashford (22.5) and Elmbridge (18.0). Conversely, the number of under ten year olds in 18 areas (26.9 per cent) is projected to fall, with the largest decreases expected in Rushmoor (-15.4 per cent), Crawley (-8.6) and Gosport (-6.5).

For those aged ten to 19, a rather different scenario is projected. The number of young people in this age group will fall by 2.3 per cent in the South East and by 7.2 per cent nationally. Only in Surrey & Sussex will the number increase (by 1.1 per cent); the other three strategic health authority areas will experience a fall, the largest being in Hampshire & Isle of Wight (-8.5 per cent). The number of ten to 19 year olds is projected to fall in 43 (64.2 per cent) of the 67 local authorities in the South East, with the largest decreases in Rushmoor (-22.9 per cent), Gosport (-18.4) and Havant (-17.3). As with the younger age group, the largest increases in the number of young people are expected in Ashford (20.4 per cent), Elmbridge (18.4) and Epsom & Ewell (14.6).

It is important to note, however, that forecasting the components of population change – particularly migration – can be an imprecise process and factors such as an increase in the number of houses built in an area can have a substantial influence on local populations. As the 2003 subnational projections do not take into account the increase in the number of houses planned for the South East growth areas (Ashford, Milton Keynes/South Midlands and Thames Gateway), the longer term projections for these areas must be viewed with a degree of caution.

Figure 2.2

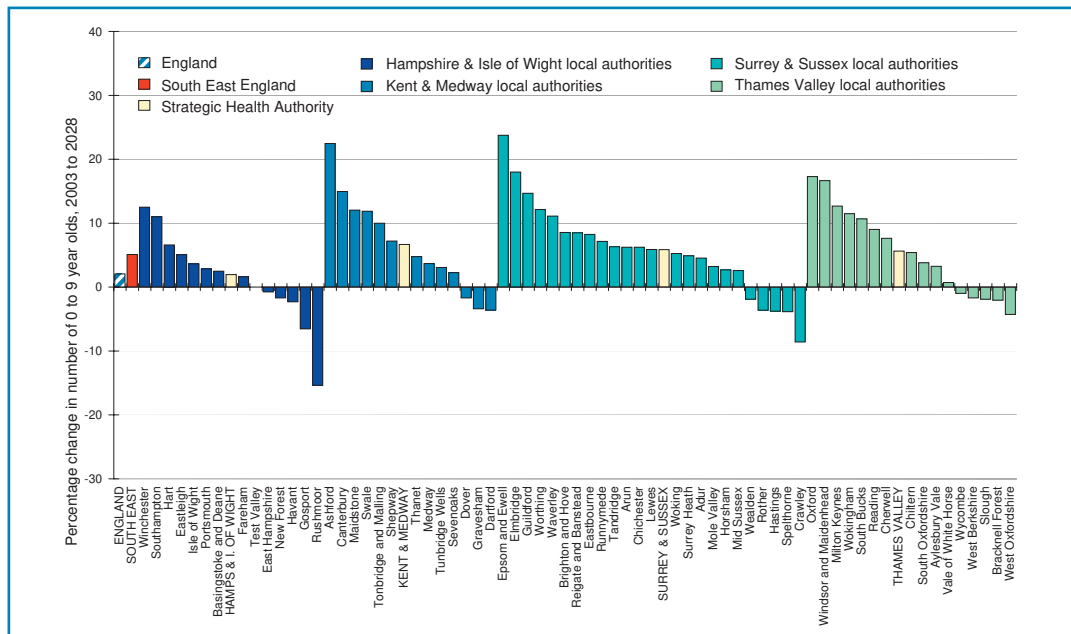
Projected percentage change in the number of under 20 year olds, 2003 to 2028



Source: Government Actuary's Department. 2003 Based Principal National Population Projections; Office for National Statistics. 2003 Based Subnational Population Projections.

Figure 2.3

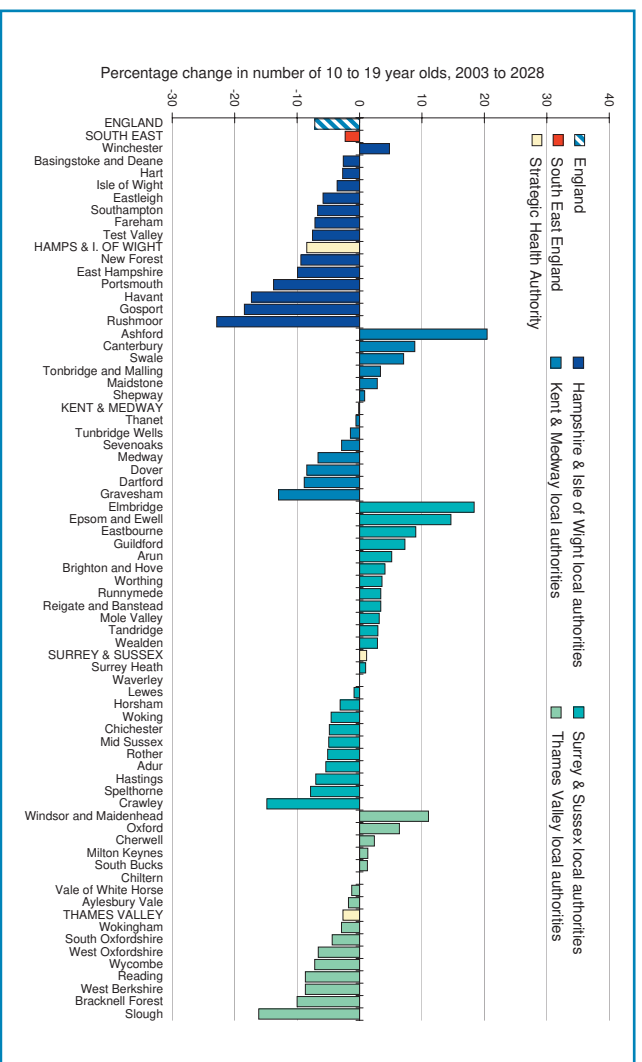
Projected percentage change in the number of under ten year olds by local authority, 2003 to 2028



Source: Government Actuary's Department. 2003 Based Principal National Population Projections; Office for National Statistics. 2003 Based Subnational Population Projections.

Projected percentage change in the number of ten to 19 year olds by local authority, 2003 to 2028

Figure 2.4



Source: Government Actuary's Department, 2003 Based Principal National Population Projections; Office for National Statistics, 2003 Based Subnational Population Projections.

Chapter 3

The social and economic circumstances of children and young people

The social and economic circumstances in which children and young people are brought up have a direct impact not only on their current, but also their future, health and well-being. A wealth of information is available from a range of sources which provides a clear picture of the number of under 20 year olds in the South East who, for a variety of reasons, live in low income households or in poor quality housing. These indicators show that, despite the relative affluence of the South East, there are marked inequalities in the distribution of childhood poverty across the region.

3.1	Children living in income deprived households	13
3.2	Children living in households with no working adults	15
3.3	Children living in lone parent families	17
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3.5	Children living in accommodation with no central heating	21
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3.1 Children living in income deprived households

One of the most commonly used definitions of childhood poverty is the number of dependent children living in families with an income level 60 per cent below the national median equivalised household income (equivalisation takes into account variations in both the size and composition of households). Evidence from the Department for Work and Pensions indicates that for England as a whole the proportion of children and young people living in poverty has declined in recent years. The lack of detailed household income data at local authority level does, however, mean that it is unclear whether the national trend is being replicated across the South East.

A number of alternative proxy measures are available for local authorities which can be used to quantify the extent of child poverty in the South East: the Indices of Deprivation 2004 (ID 2004) produced by the Office of the Deputy Prime Minister includes a specific child poverty index, while the 2001 Census contains information on the number of dependent children living in households with no working adults.

The Income Deprivation Affecting Children Index (a subset of the ID 2004 income deprivation domain) measures the percentage of children aged under 16 living in families in receipt of income support and income-based job seekers allowance or in families in receipt of working families/disabled persons tax credit whose equivalised income is below 60 per cent of the national median level before housing costs. The index is produced at super output area level (SOAs are sub-ward areas containing an average of 1,500 persons) to show the often highly localised distribution of child poverty in England.

Of the 5,319 SOAs in the South East, 427 (8.0 per cent) fall in the worst quintile in England for the percentage of children living in poverty, and 905 (17.0 per cent) fall in the second worst quintile. These figures are less than the proportion one would expect (20 per cent for each quintile) if child poverty were distributed equally across England. The relative affluence of the South East as a whole, however, belies the highly localised nature of child poverty in the region. Although containing only 27.4 per cent of the total number of those aged under 16, these 1,332 SOAs are home to 61.1 per cent of the children and young people living in poverty in the region.

Of the 427 South East SOAs in the worst quintile nationally, the proportion of children living in poverty in these areas ranges from 34.2 per cent to 76.9 per cent. In 72 of these SOAs, more than half of those aged under 16 are living in poverty; these areas are mostly located in the major south coast urban areas such as Brighton & Hove, Hastings, Portsmouth, Southampton, and Thanet. The SOA with the highest child poverty score is found in the Margate Central ward in Thanet.

In marked contrast to these very deprived areas, 30.9 per cent of the SOAs in the South East fall in the least deprived quintile nationally, and all have 5.4 per cent or fewer of their children aged under 16 living in poverty. These tend to be located in the more affluent, less urbanised local authority areas such as Chiltern and Surrey Heath, although by no means is this universally the case: illustrating the close proximity of areas of relative poverty and affluence, several SOAs in the best quintile are located in Portsmouth and Southampton.

Further reading - See section 3.2

Income Deprivation Affecting Children Index by super output area, 2004

Figure 3.1

Key facts

There are approximately 226,500 under 16 year olds living in poverty in the South East

The highest levels of poverty are found in the south coast urban centres such as Thanet and Brighton & Hove

Related policies and targets

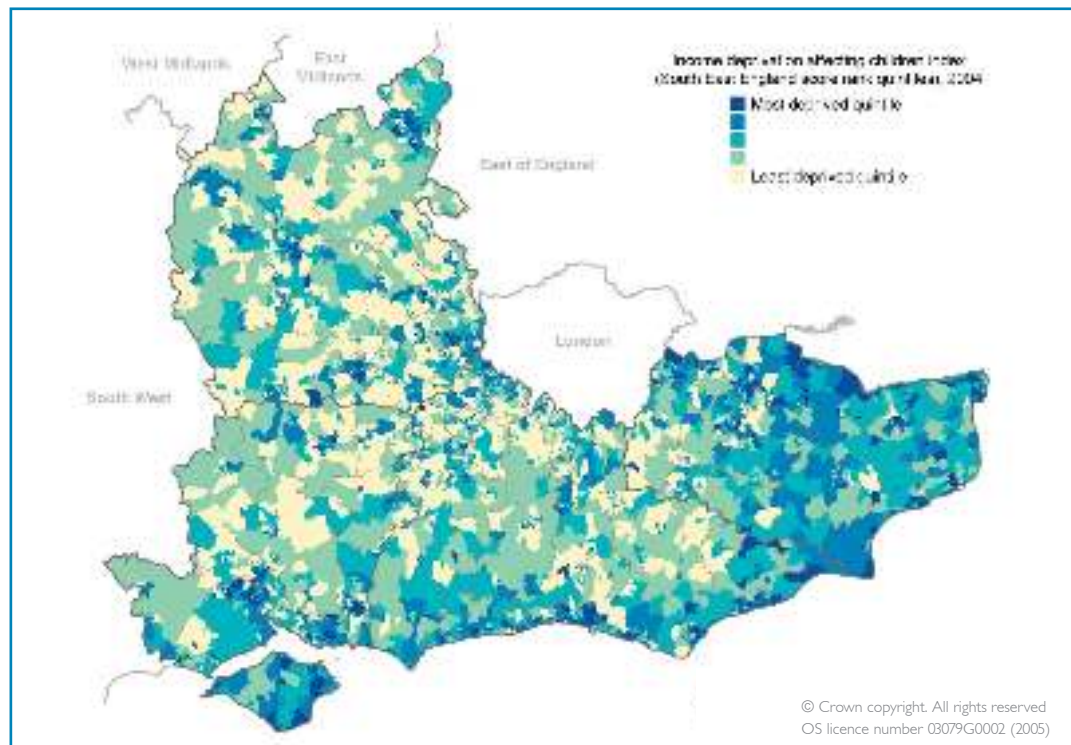
Department for Work and Pensions / HM Treasury joint PSA target 1:

Reduce the number of children in low-income households by at least a quarter by 2004, as a contribution towards the broader target of halving child poverty by 2010 and eradicating it by 2020

Related indicators

Basket Of Local Indicators 1.10:

Proportion of children under 16 living in low income households (Child Poverty Index)



Source: Office of the Deputy Prime Minister. *Indices of Deprivation 2004*.

Note: Super output areas (lower layer) are groupings of (typically five) 2001 Census output areas and are social homogeneous (based on household tenure and dwelling type) sub-ward areas containing a minimum population of 1,000 persons and a mean of 1,500.

3.2 Children living in households with no working adults

A further indicator of child poverty is provided by the 2001 Census measure of the number of dependent children (aged under 16, or aged 16 to 18 and studying full-time) living in households where there are no working adults.

Compared with England as a whole, the percentage of dependent children living in workless households in the South East is significantly low: 11.8 per cent (equivalent to 207,200 children) against the national average of 17.4 per cent. This aggregate figure, however, conceals marked variations within the region: while only 10.0 per cent of dependent children in Thames Valley live in workless households, the figure for Kent & Medway is significantly higher at 14.9 per cent.

Reflecting the relative affluence of the region, the proportion of children living in workless households is significantly below the national average in 56 (73.7 per cent) of the 67 local authorities. Hart and Wokingham fare best with less than five per cent of children – or two-thirds below the national average – living in households with no working adults. But as with the child poverty index discussed in the previous section, there are pronounced variations between the least and most deprived parts of the South East: over a fifth of dependent children in Hastings (24.1 per cent; 4,800 children), Thanet (23.4; 6,600) and Southampton (22.6; 10,000) live in households with no working adults.

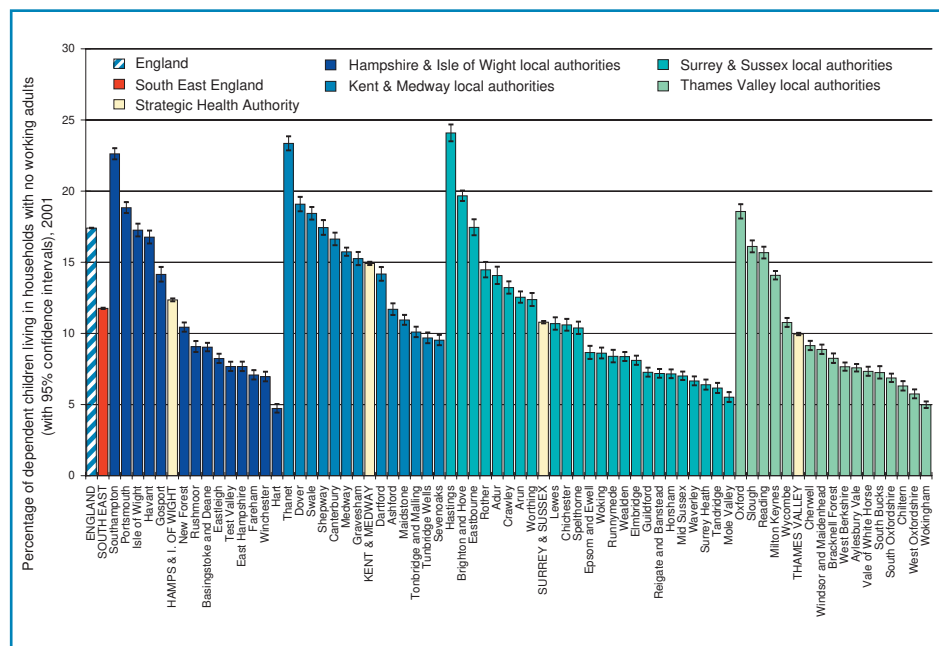
Further reading

Office of the Deputy Prime Minister. *Indices of Deprivation 2004*. www.odpm.gov.uk/stellent/groups/odpm_urbanpolicy/documents/page/odpm_urbpol_608140.hcsp

Department for Work and Pensions. *Measuring Child Poverty Consultation, 2003*. www.dwp.gov.uk/consultations/consult/2003/childpov/final.asp

Figure 3.2

Percentage of dependent children living in households with no working adults by local authority, 2001



Source: Office for National Statistics. 2001 Census

Key facts

Nearly 12 per cent of dependent children live in poverty in the South East

Unemployment rates amongst adults with dependent children are highest in Hastings, Thanet and Southampton

Related policies and targets

Joint Department for Education and Skills PSA target 2 and Department for Work and Pensions PSA target 5:

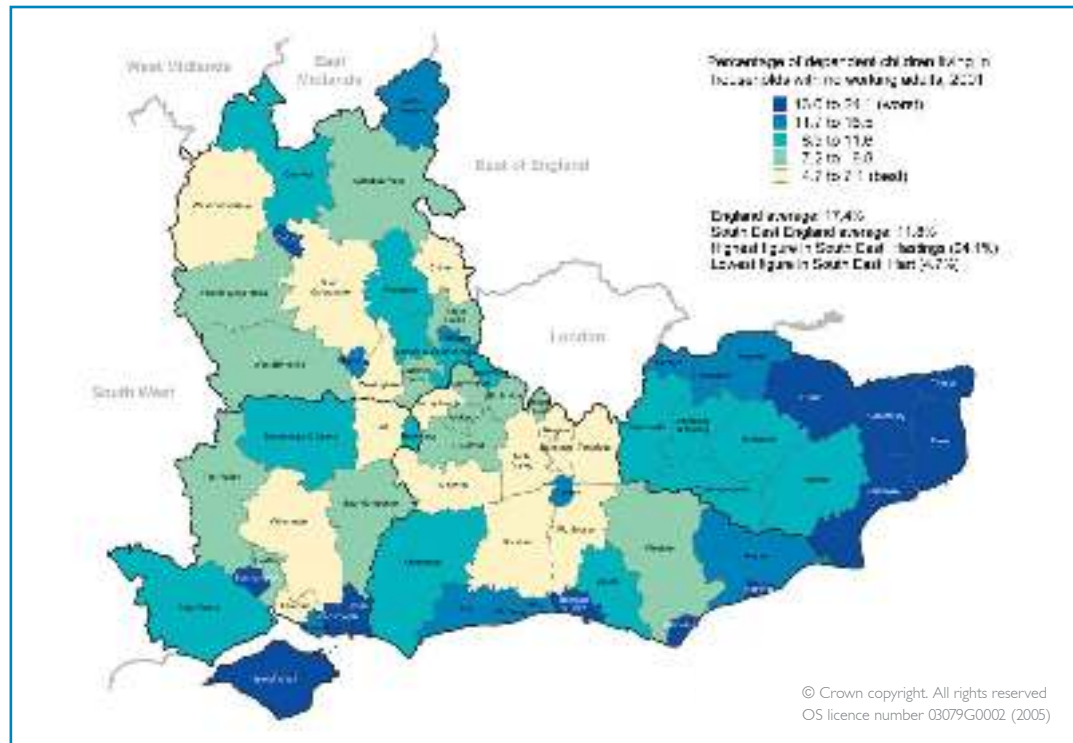
- Reduce the proportion of children in households with no one in work over the three years to 2006 by 6.5 per cent

Related indicators

Basket Of Local Indicators 1.10:
Proportion of children under 16 living in low income households (Child Poverty Index)

Distribution of percentage of dependent children living in households with no working adults by local authority, 2001

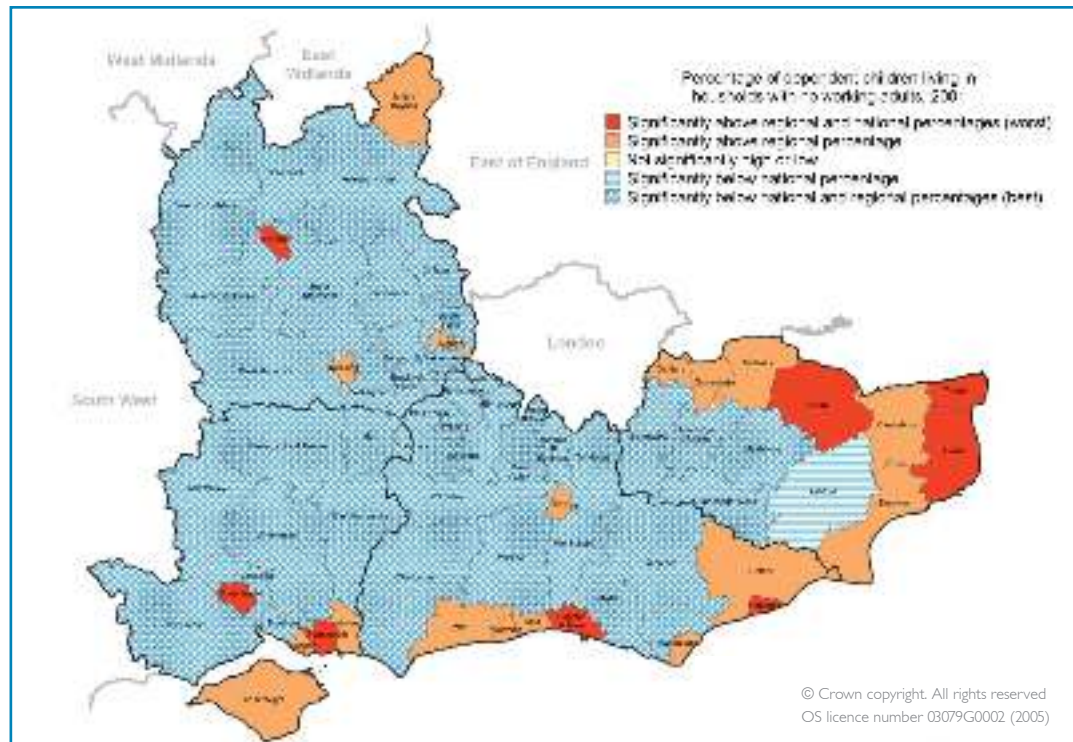
Figure 3.3



Source: Office of National Statistics. 2001 Census.
Note: Map shows distribution of local authority rates by quintile across the South East.

Distribution of statistically significant percentages of dependent children living in households with no working adults by local authority, 2001

Figure 3.4



Source: Office of National Statistics. 2001 Census.
Note: Map shows distribution of statistically significant rates (at the 95 per cent level) across the South East.

3.3 Children living in lone parent families

Lone parenthood, like teenage pregnancy, can be both a cause and a consequence of poverty and social exclusion. Single women from poor socio-economic backgrounds, who live in social housing, or who live in areas of high unemployment are more likely to become single parents than others. Similarly, women with dependent children who become separated from their partners are more likely to experience a sudden decline in their incomes and living standards, and to subsequently find it difficult to improve their labour market position. The poor economic position of single parents in turn has ramifications for the well-being of their children as poverty is strongly associated with poorer health.

According to the 2001 Census, 21.8 per cent of households with one or more dependent children in England are headed by a lone parent. The corresponding proportion for the South East is 17.9 per cent which is lower than the national average but still equates to 171,500 households headed by a single parent and 325,100 dependent children (or 18.4 per cent of the total) living in lone parent families in the South East.

Within the region, there are marked differences in the proportion of dependent children living in lone parent families. In Thames Valley, the figure is 16.7 per cent, while in Kent & Medway it stands at 20.3 per cent. The variations between local authority areas are even more pronounced: while over a quarter of children in Southampton (29.1 per cent), Thanet (28.9) and Hastings (28.7) live in lone parent families; the corresponding proportions for Chiltern (11.5 per cent), Hart (11.6) and Wokingham (11.7) are over 50 per cent lower. The majority of the local authorities in the region are significantly below the national average in terms of the percentage of dependent children living in lone parent families, but there are 13 areas with proportions significantly above the national average.

The routes into lone parenthood differ and lone parent families are a heterogeneous group. Nevertheless, there is very strong correlation ($R=0.95$) between the percentage of dependent children living in lone parent families and the level of deprivation across the local authorities in the South East (as measured by the Office of the Deputy Prime Minister *Indices of Deprivation 2004*). In other words, children living in the more deprived parts of the South East are much more likely to come from a lone parent family than those living in the more affluent parts.

Further reading

Ford R and Millar J. *Private Lives and Public Responses: Lone Parenthood and Future Policy*; Joseph Rowntree Foundation Foundations Report 4, 1998.

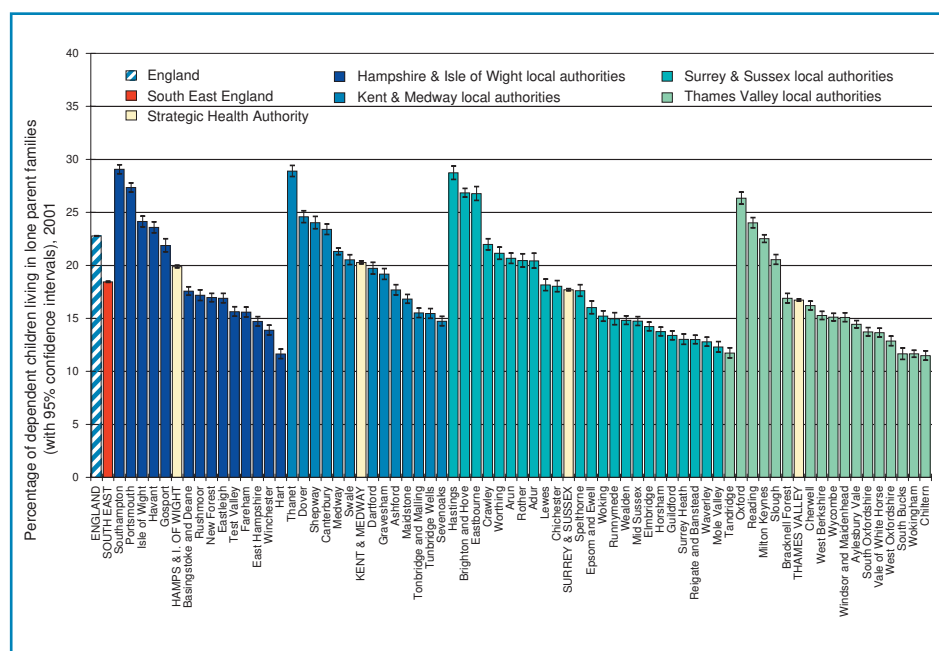
www.jrf.org.uk/knowledge/findings/foundations/4.asp

Haskey J. *One Parent Families and Their Dependent Children in Great Britain*; Population Trends 91, 1998.

www.statistics.gov.uk/CCI/article.asp?ID=630&Pos=1&ColRank=2&Rank=896

Figure 3.5

Percentage of dependent children living in lone parent families by local authority, 2001



Source: Office of National Statistics. 2001 Census.

Distribution of percentage of dependent children living in lone parent families by local authority, 2001

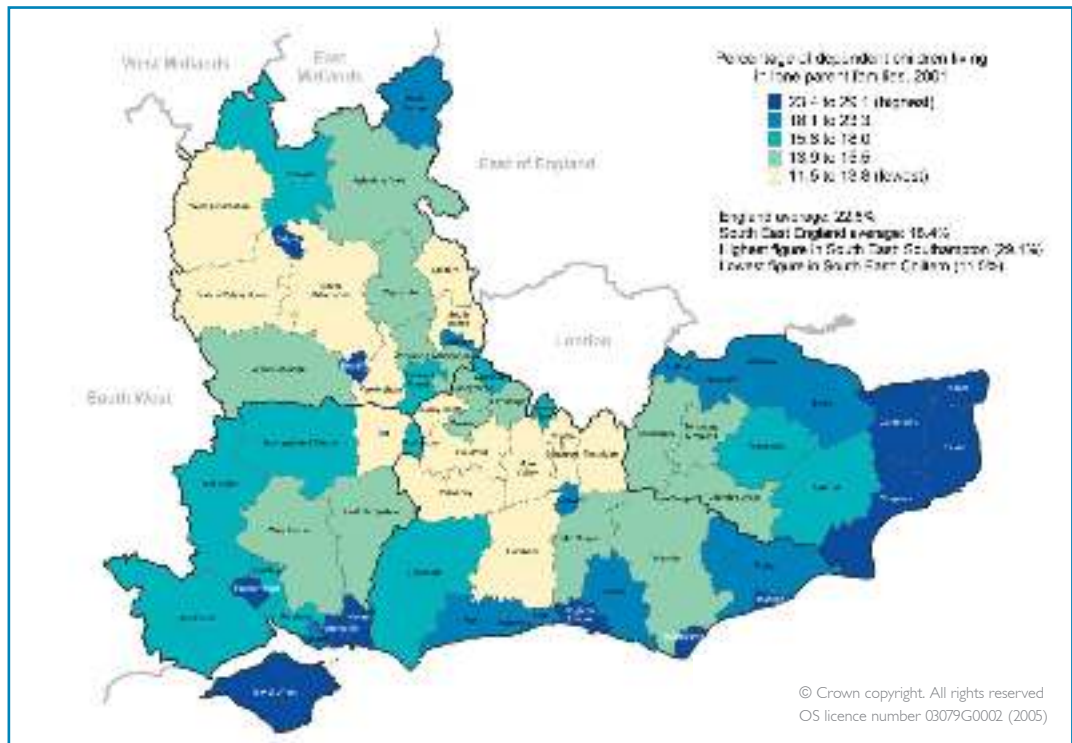
Figure 3.6

Key facts

Nearly 20 per cent of dependent children in the South East come from a lone parent family

Southampton has the highest figure (29.1 per cent) and Chiltern (11.5 per cent) the lowest

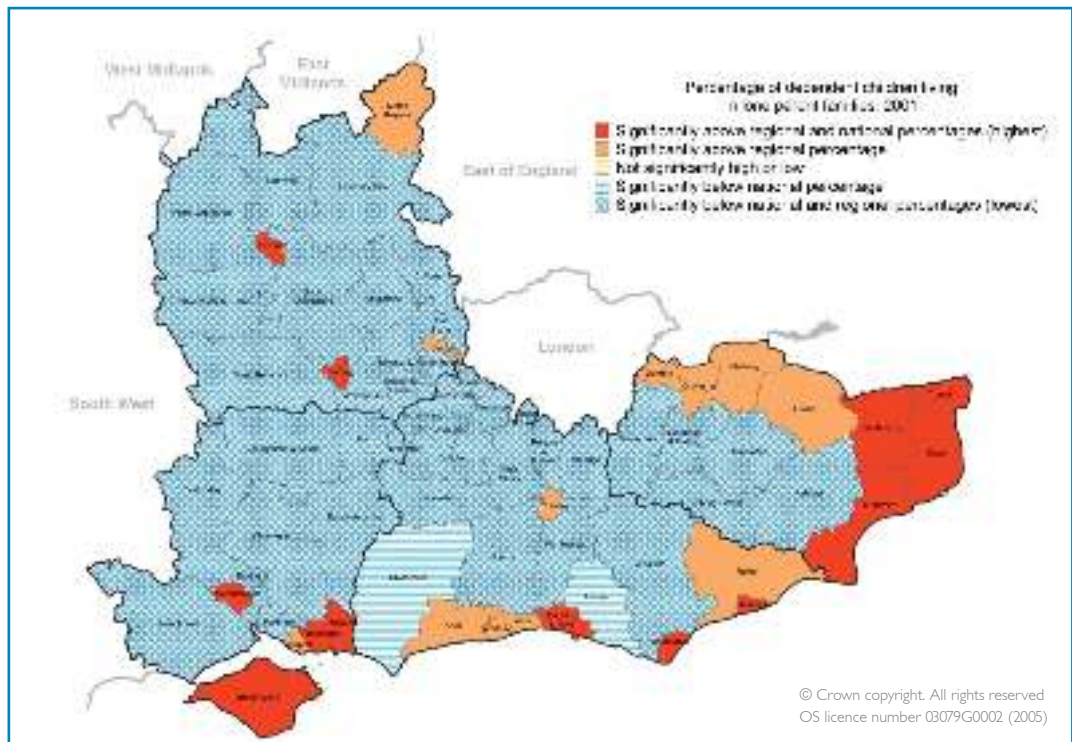
The proportion of dependent children living in lone parent families is very strongly correlated with the level of deprivation across the South East local authorities (R=0.93)



Source: Office of National Statistics. 2001 Census.
 Note: Map shows distribution of local authority rates by quintile across the South East.

Distribution of statistically significant percentages of dependent children living in lone parent families by local authority, 2001

Figure 3.7



Source: Office of National Statistics. 2001 Census.
 Note: Map shows distribution of statistically significant rates (at the 95 per cent level) across the South East.

3.4 Children living in rented accommodation

Housing quality is a major determinant of the health of children and young people. Homes which are cold or damp – whether due to lack of heating or as a consequence of fuel poverty (defined as households which spend over ten per cent of their income on heating) – are associated with increased prevalence of cardiovascular disease and respiratory conditions such as chronic cough, wheezing and asthma. Unfit houses lacking adequate food preparation facilities, in a state of structural disrepair, or lacking basic amenities are associated with increased risk of infectious and gastro-intestinal diseases. Poorly maintained and overcrowded homes increase the risk of falls and other related injuries – nearly half of all accidents involving children are associated with architectural features in and around the home – and poor quality and noisy housing is associated with an increased risk of mental health symptoms. Rented and temporary accommodation is less likely to have a smoke alarm fitted and regularly maintained.

As with the other determinants of health, the relationship between housing and health is cyclical: those living in bad housing tend to have poorer health and as a consequence are more likely to have lower incomes thus reducing the opportunities for improving their housing conditions.

Few indicators of poor housing focus specifically on the needs of child and young people. The 2001 Census does, however, contain information on families with dependent children living in rented accommodation, and those living in properties with no central heating, both of which can be used as proxy measures for housing quality.

Not all rented accommodation – which includes council, other social and private rented housing – is necessarily of a poor standard. Nevertheless, according to the 2001 Census, 83.1 per cent of the 16,000 households in the South East without sole use of a bath/shower and toilet are living in rented accommodation, despite this sector constituting only 26.0 per cent of the total housing market in the region. The problem is most acute in the private rented sector: 54.0 per cent (or 8,600) of the households

without sole use of these basic amenities are privately rented, despite the fact that these properties are home to only 12.1 per cent of the total number of households in the South East.

Both nationally and regionally, the percentage of households with dependent children living in rented accommodation is comparable to the average for all households: 26.5 per cent of families with dependent children live in rented properties in the South East, while the proportion for all household types is 26.0. These figures are some five percentage points lower than the corresponding averages for England.

But in terms of those most at risk of poverty – lone parent families with dependent children – the situation is considerably worse: 58.9 per cent are living in rented accommodation. Although this proportion is lower than the national average (65.6 per cent), this still means over 101,000 lone parent families with dependent children in the South East are living in rented accommodation. This figure includes 670 lone parent families without sole use of a bath/shower and toilet.

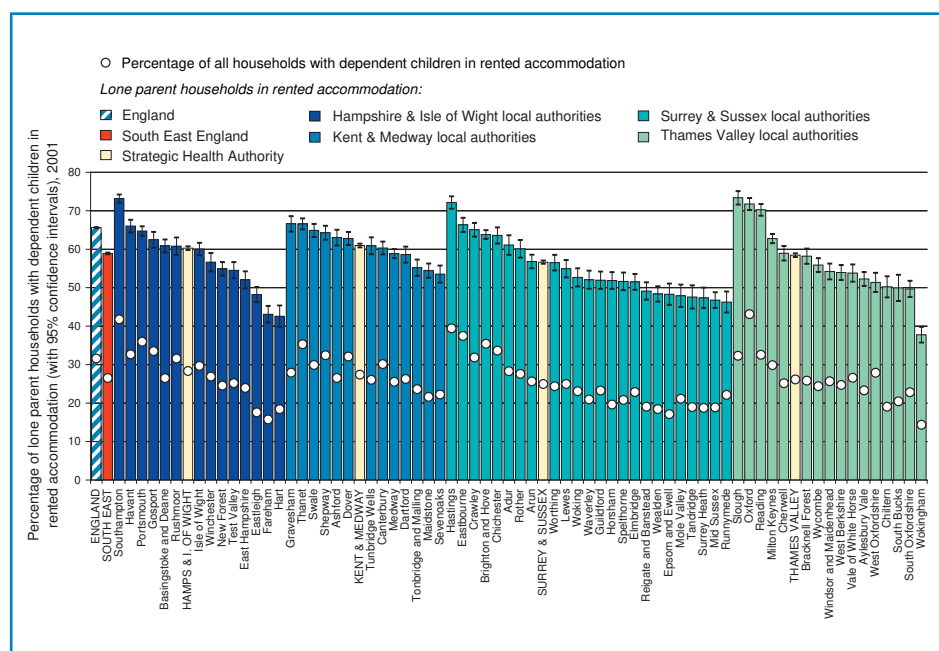
Slough (73.4 per cent), Southampton (73.2), Hastings (72.1), Oxford (71.8) and Reading (70.2) are the only local authority areas in the South East where the proportion of lone parent households who are renting is significantly above the average for England, although high figures relative to the regional average are also found in parts of rural Kent. Conversely, fewer than 45 per cent of lone parent families in Wokingham (37.7), Hart (42.6) and Fareham (43.1) live in rented accommodation.

The percentage of lone parent households living in rented accommodation in the South East is strongly correlated with the distribution of deprivation across the local authorities: the correlation between the two is 0.84.

Further reading - See section 3.5

Figure 3.8

Percentage of lone parent households and all households with dependent children living in council, other social or private rented accommodation by local authority, 2001



Source: Office of National Statistics. 2001 Census.

Key facts

Nearly 60 per cent of lone parent families in the South East live in rented accommodation

Slough has the highest figure (73.4 per cent) and Wokingham (37.7 per cent) the lowest

The proportion of lone parent families living in rented accommodation is very strongly correlated with the level of deprivation across the South East local authorities (R=0.84)

Related policies and targets

Office of the Deputy Prime Minister PSA target 7:

By 2010, bring all social housing into decent condition with most of this improvement taking place in deprived areas, and increase the proportion of private housing in decent condition occupied by vulnerable groups

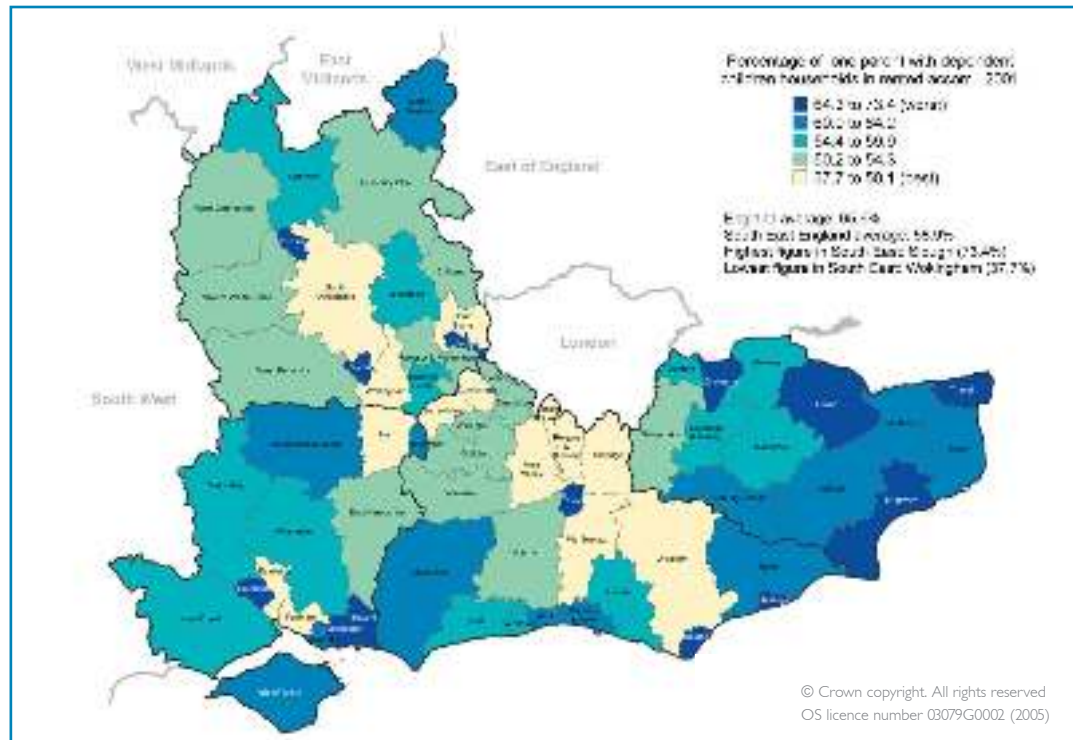
Related indicators

Basket Of Local Indicators 2.1:

Number of homeless families with children living in temporary accommodation

Distribution of percentage of lone parent households living in rented accommodation by local authority, 2001

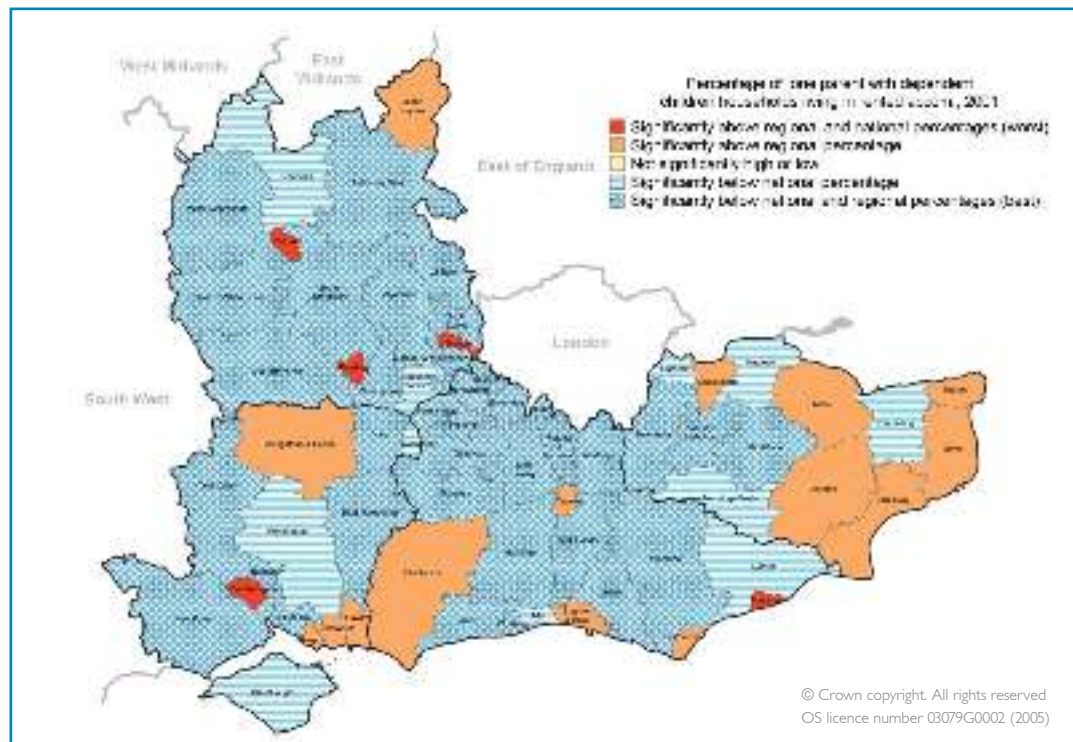
Figure 3.9



Source: Office of National Statistics. 2001 Census.
Note: Map shows distribution of local authority rates by quintile across the South East.

Distribution of statistically significant percentages of lone parent households living in rented accommodation by local authority, 2001

Figure 3.10



Source: Office of National Statistics. 2001 Census.
Note: Map shows distribution of local authority rates by quintile across the South East.

3.5 Children living in accommodation with no central heating

A further indicator of poor housing quality relevant to young people is the proportion of dependent children living in homes with no central heating. Cold and damp homes increase the risk of children developing health problems such as chronic cough, wheezing and asthma.

As with accommodation lacking basic amenities, a disproportionately large number of properties with no central heating are privately rented: although constituting only 12.1 per cent of the South East housing market, 30.0 per cent of the households with no central heating are found in this sector.

Across the South East, 3.5 per cent (33,500) of all households with dependent children live in homes with no central heating, while the figure for lone parent families is higher still at 5.7 per cent (9,800 families). Both these proportions are, however, below the figure for all households (6.1 per cent), and for all three groups, the percentages for the South East are significantly below the corresponding averages for England.

The proportion of both all households with dependent children and lone parent families living in homes with no central heating differs markedly within the South East. In Thames Valley, 2.0 per cent of all households with children and 3.2 per cent of lone parent families have no central heating, yet the corresponding figures for Hampshire & Isle of Wight are nearly three times higher at 5.6 and 9.0 per cent respectively.

These differences are due to the larger number of local authority areas in Hampshire & Isle of Wight where the percentage of both all households with dependent children and lone parent families with no central heating is significantly above the national average. For lone parent families, for example, five of the seven such local authorities in the South East are found in this part of region, with the highest figures found in Isle of Wight (17.3

per cent), Portsmouth (17.1) and Havant (17.0). Elsewhere in the South East, the proportion of lone parent families living in homes with no central heating is significantly lower: nearly two-thirds of the local authorities have a figure below five per cent. Adur and Cherwell are the exceptions with figures of 16.8 and 10.8 per cent. At the opposite end of the scale, less than one per cent of lone parent households in Chiltern (0.9) and Surrey Health (0.9) live in properties with no central heating.

Of further note is the fact that 26.5 per cent of the total number of lone parent families living in accommodation with no central heating in the South East are in council rented properties. In contrast, the corresponding figure for all households with dependent children is 14.5 per cent suggesting that those most at risk of poverty and poor health are more likely to be placed in the least satisfactory accommodation.

Across the South East local authorities, the correlation between the percentage of lone parent households living in homes with no central heating and the level of deprivation is 0.58. This is not as strong as the correlation with lone parent families living in rented accommodation suggesting that the absence of central heating may be a less sensitive proxy measure of the distribution of child poverty.

Further reading

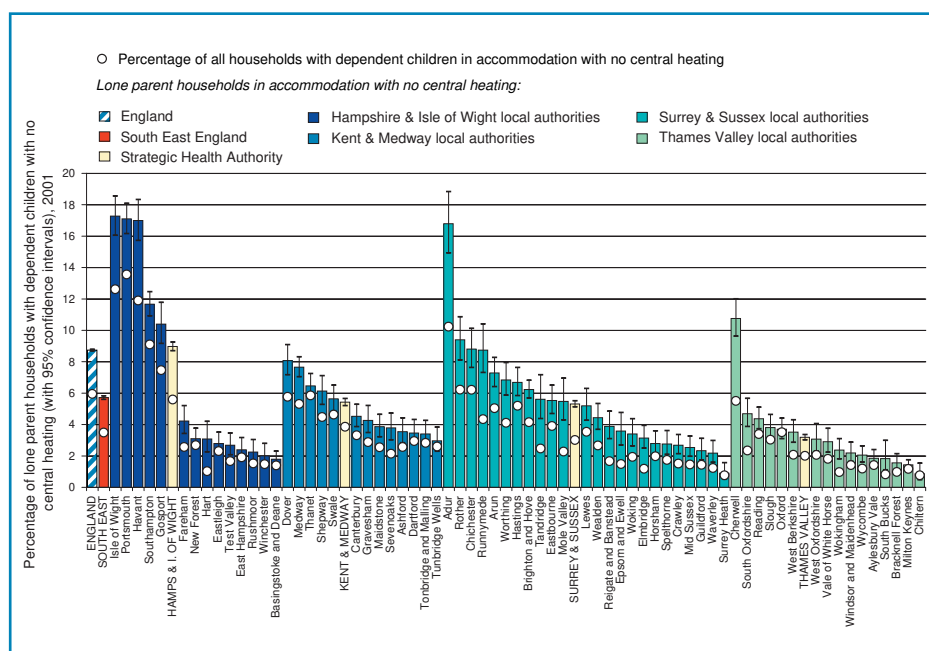
Health Education Authority. *Health Update – Environment and Health: Housing*, 2000.

www.hda-online.org.uk/documents/healthupdate_housing.pdf

Acheson D. *Independent Inquiry into Inequalities in Health*, 1998. www.archive.official-documents.co.uk/document/doh/ih/ih.htm

Figure 3.11

Percentage of lone parent households and all households with dependent children living in accommodation with no central heating by local authority, 2001



Source: Office of National Statistics. 2001 Census.

Key facts

There are 33,500 households with dependent children living in homes with no central heating in the South East

17.3 per cent of lone parent families in Isle of Wight live in properties with no central heating, compared with 0.9 per cent in Chiltern and Surrey Heath

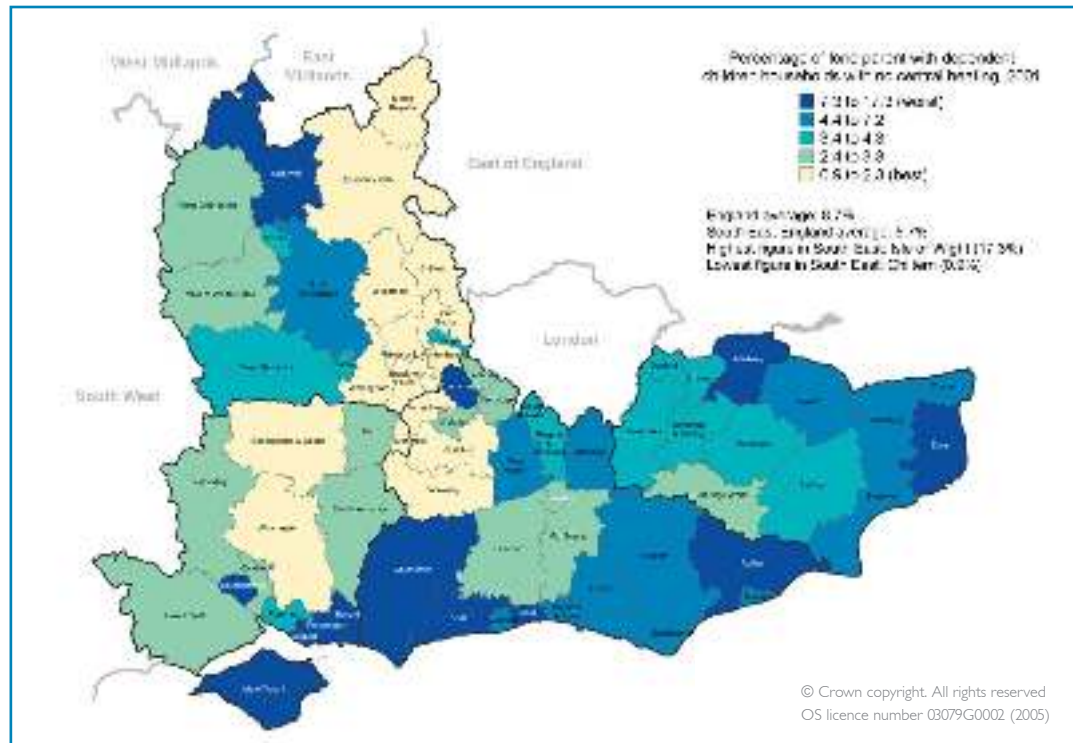
Related policies and targets

Office of the Deputy Prime Minister PSA target 7:

By 2010, bring all social housing into decent condition with most of this improvement taking place in deprived areas, and increase the proportion of private housing in decent condition occupied by vulnerable groups

Distribution of percentage of lone parent households living in accommodation with no central heating by local authority, 2001

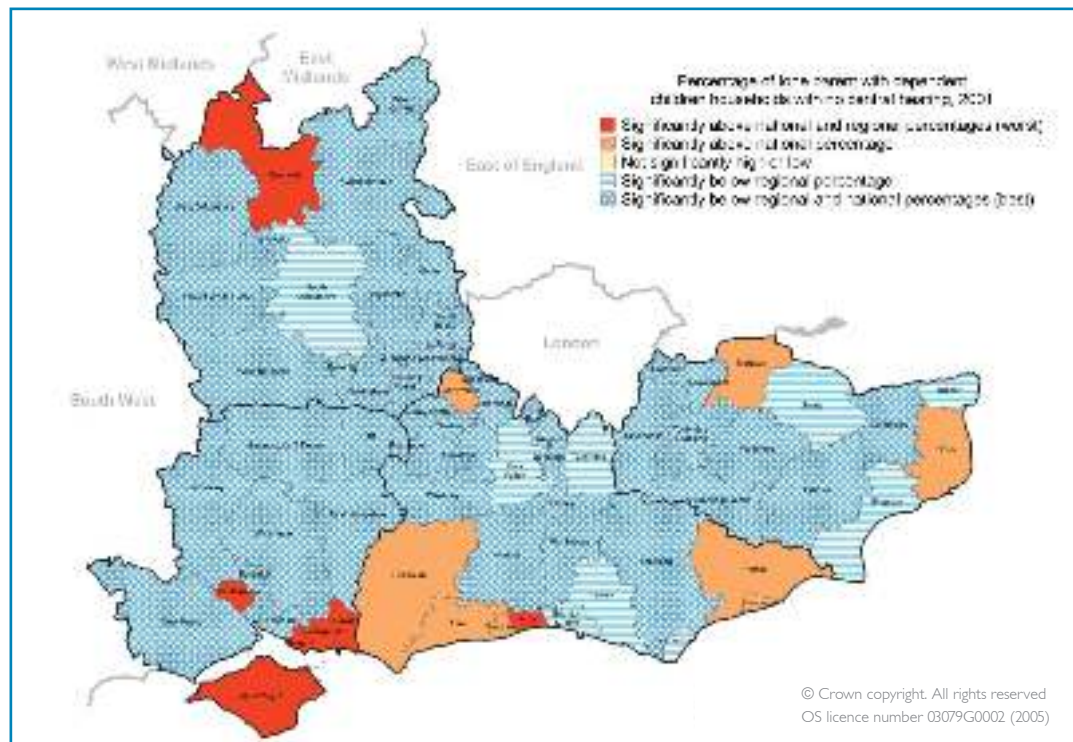
Figure 3.12



Source: Office of National Statistics. 2001 Census.
Note: Map shows distribution of local authority rates by quintile across the South East.

Distribution of statistically significant percentages of lone parent households living in accommodation with no central heating by local authority, 2001

Figure 3.13



Source: Office of National Statistics. 2001 Census.
Note: Map shows distribution of local authority rates by quintile across the South East.

3.6 Children who are eligible for free school meals

Children in local education authority maintained schools whose parents receive income support, income-based job seekers allowance, support under part six of the Immigration and Asylum Act 1999, or child tax credit (but who are not eligible for the working tax credit and whose annual income does not exceed £13,480) are entitled to free school meals. Accordingly, eligibility for free school meals is frequently used as a proxy measure of child poverty.

Primary school children

Reflecting the relative affluence of the South East, 10.1 per cent of primary school pupils in the region are eligible for free meals compared with the national average of 16.8 per cent. Both figures have decreased slightly over recent years: in 2001, 10.8 per cent of pupils in the South East and 17.6 per cent in England were eligible for free meals.

There are, however, pronounced differences between the 19 local education authority (LEA) areas in the South East: while only 3.7 per cent of primary school pupils in Wokingham are eligible for free meals, the figure for Southampton is nearly six times higher at 21.7 per cent. In addition to Southampton, there are a further three LEAs – Isle of Wight (18.1 per cent), Brighton & Hove (17.5) and Portsmouth (16.8) – where the proportion of pupils eligible for free meals is above the national average.

The differences within the LEAs are greater still. The interquartile range is a measure of distribution and shows the lower and upper limits between which half of all the schools within a LEA lie. The greatest interquartile range in the proportion of primary school pupils eligible for free meals is in Milton Keynes where there is a 19.1 percentage point gap between the two quartiles. In other words, the difference between the median of the half of schools with the lowest proportion of pupils eligible for free meals (2.2 per cent) and median of the half with the highest proportion (21.3 per cent) is the widest in the region and indicates a substantial degree of inequality in the level of child poverty in Milton Keynes. A similarly wide spread of scores is found in Reading and Southampton. At the opposite end of the scale, Buckinghamshire has the lowest level of internal variation (4.8 percentage points), as well as the second lowest average eligibility for free meals in the region (after Wokingham) of 5.4 per cent.

In terms of individual primary schools, 6.6 per cent (accounting for 25,700 South East children) have no pupils eligible for free meals, while 14.4 per cent (27,600 children) have a fifth or more eligible. Nearly 19 per cent of schools in the region (33,200 children) have a proportion higher than the national average, and there are three where 50 per cent or more of pupils are eligible for free meals (one in East Sussex and two in Kent).

Secondary school children

A very similar pattern of eligibility for free meals is found in secondary schools. Across the South East, 8.4 per cent of secondary school pupils are eligible for free meals, compared with a national average of 14.5 per cent. These proportions have declined slightly in recent years: in 2001, 9.1 per cent of pupils in the South East and 15.8 per cent in England were eligible for free meals.

The rank order of the LEAs is broadly the same as for primary schools: while only 4.3 per cent of secondary school pupils in West Berkshire are eligible for free meals, the figure in Southampton is nearly four times higher at 16.6 per cent. A further four LEAs – Brighton & Hove (16.1 per cent), Isle of Wight (16.0), Portsmouth (14.9) and Slough (14.5) – have figures above the national average.

The greatest interquartile range in the proportion of secondary school pupils eligible for free meals is found in Slough with a difference of over 20 percentage points between the lower and upper quartiles. In contrast, the difference in West Berkshire is only 1.5 percentage points indicating a much lower level of inequality in the level of child poverty amongst secondary school pupils in the LEA.

In terms of individual schools, 9.4 per cent (equivalent to 8,700 young people) have a fifth or more of their pupils eligible for free meals. Nearly 20 per cent of schools (15,800 young people) are above the national average, and six have more than a third of their pupils eligible for free meals (two apiece in Brighton & Hove, Buckinghamshire and Kent).

Key facts

Over 10 per cent of primary school pupils and 8.4 per cent of secondary school pupils are eligible for free school meals in the South East

The highest eligibility percentages are found in Southampton and the lowest in Wokingham and West Berkshire

Related policies and targets

Department for Work and Pensions
PSA target 5:

Reduce the proportion of children in households with no one in work over the three years to 2006 by 6.5 per cent

Related indicators

Basket Of Local Indicators 1.10:

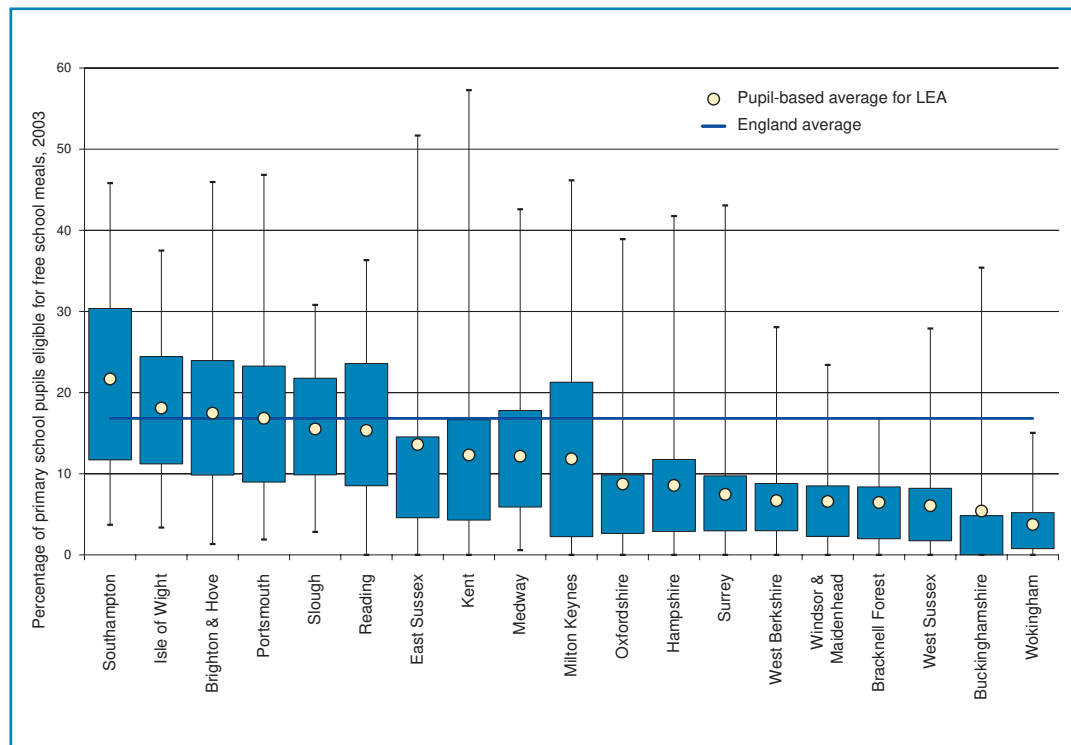
Proportion of children under 16 living in low income households (Child Poverty Index)

Box and whisker plots

'Box and whisker' plots are used to display distributions – the box shows the interquartile range (the lower and upper limits between which half of the values lie) and the 'whiskers' the minimum and maximum values

Percentage of primary school pupils eligible for free school meals by local education authority, 2003

Figure 3.14

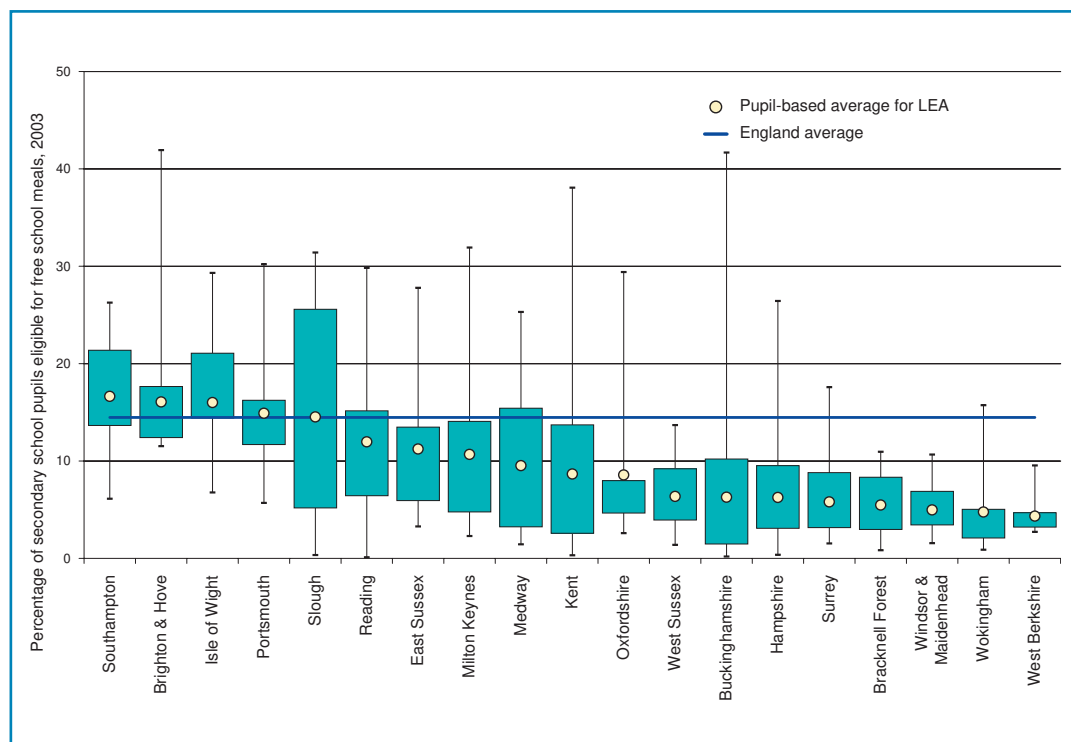


Source: Department for Education and Skills. *Statistics of Education Schools in England 2003*.

Note: Figure shows the interquartile range of the percentage of primary school pupils eligible for free school meals for each LEA, together with the maximum and minimum scores; LEAs are ranked from the highest average score to the lowest.

Percentage of secondary school pupils eligible for free school meals by local education authority, 2003

Figure 3.15



Source: Department for Education and Skills. *Statistics of Education Schools in England 2003*.

Note: Figure shows the interquartile range of the percentage of secondary school pupils eligible for free school meals for each LEA, together with the maximum and minimum scores; LEAs are ranked from the highest average score to the lowest.

3.7 Young people not in education, employment or training

Not being engaged in education, employment or training has implications for both the current and future incomes of young people. Comparative data on unemployment rates among economically active 17 to 19 year olds can be obtained from the 2001 Census, while information on the proportion of 16 to 19 year olds not in education, employment or training is collated by the Connexions service (see section 8.10).

Reflecting the relative economic strength of the region, unemployment amongst 17 to 19 year olds in the South East is the lowest of the nine English regions at 4.7 per cent (equivalent to 13,400 unemployed economically active young people). This figure is half that found in the North East (9.8 per cent) and nearly a third lower than the average for England (6.7). Three of the four strategic health authority areas in the South East have proportions significantly below the average for England (Surrey & Sussex has the lowest figure at 3.9); only Kent & Medway is comparable to the national average (6.8).

Seven of the 67 local authority areas in the South East have a significantly higher proportion of unemployed 17 to 19 year olds than the national average: six of these are in Kent & Medway (the highest is Thanet at 11.0 per cent), and all are coastal areas. Collectively, these local authorities contain 2,700 unemployed young people, or 20.4 per cent of the regional total. This pattern may, however, in part be due to the fact that the Census was undertaken in April and thus coincided with a relative low point in the cyclical pattern of seasonal unemployment that characterises many coastal towns and cities.

In contrast, 54 (71.1 per cent) areas in the South East have significantly low unemployment levels. Winchester has the lowest figure with only 2.2 per cent unemployment amongst its

17 to 19 year olds.

More detailed information on young people not in education, employment or training is collated nationally by the Connexions service. Connexions advisors provide advice and support to young people with decisions about education and training (although not all 16 to 19 year olds come into contact with the service so the proportion of young people not in education, employment or training reported by Connexions will not necessarily be comparable with the Census unemployment figures). For August 2004, Connexions reported that 6.4 per cent of young people in the South East were not in education, employment or training compared with a national average of 9.4 per cent. These proportions had remained broadly constant over the previous 18 months.

Within the South East, marked differences are apparent between the six Connexions partnership areas (which broadly correspond to the former county structure of the region). Surrey (3.7 per cent) has the lowest proportion of young people not in education, employment or training, while the figure for Berkshire is over twice as high at 7.8 per cent.

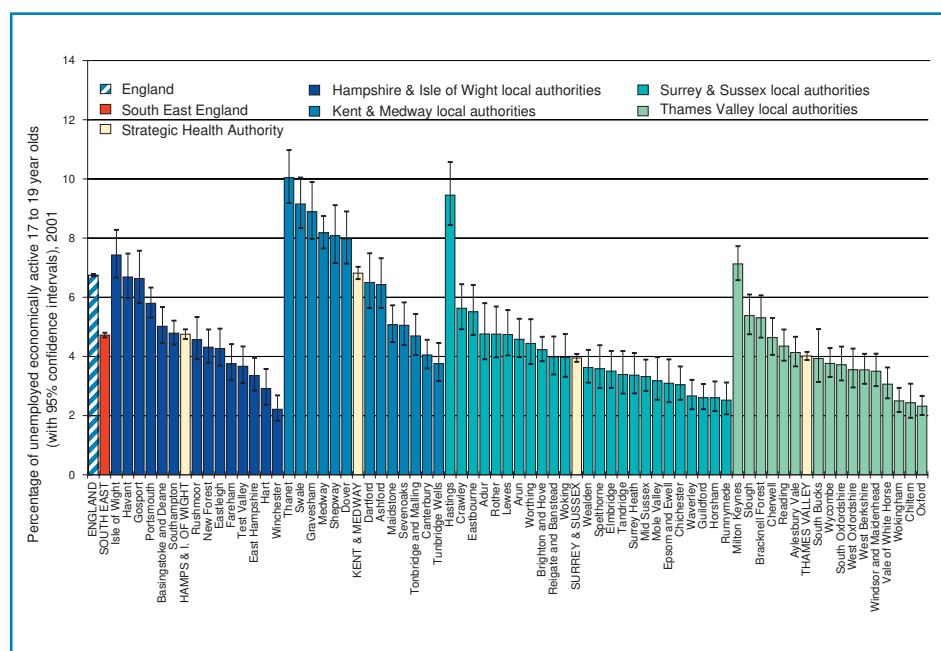
Further reading

Social Exclusion Unit. *Bridging The Gap: New Opportunities for 16-18 Year Olds Not In Education, Employment Or Training*, 1999. www.socialexclusionunit.gov.uk/page.asp?id=53

Social Exclusion Unit. *Policy Action Team 12: Young People, 2000*. www.socialexclusionunit.gov.uk/page.asp?id=418

Figure 3.16

Percentage of economically active 17 to 19 year olds who are unemployed by local authority, 2001



Source: Office of National Statistics. 2001 Census.

Distribution of percentage of economically active 17 to 19 year olds who are unemployed by local authority, 2001

Figure 3.17

Key facts

In April 2001, 13,400 17 to 19 year olds (4.7 per cent of the total) in the South East were unemployed

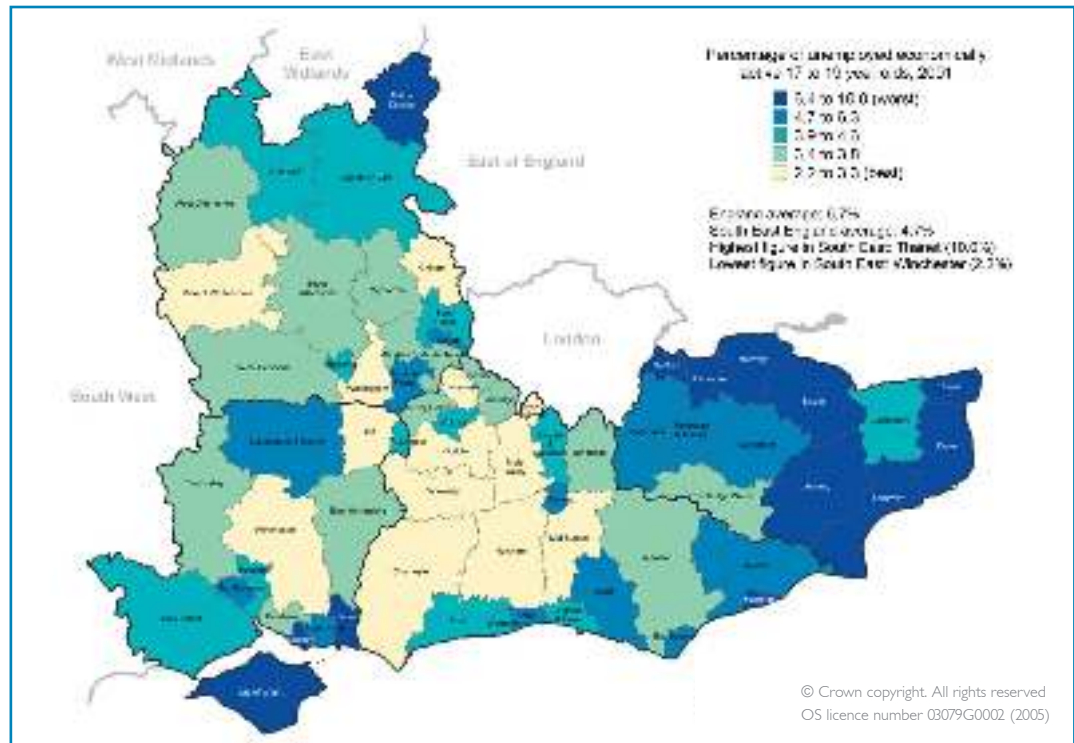
The highest proportion was in Thanet (11.0 per cent) and the lowest in Winchester (2.2)

Related policies and targets

Department for Education and Skills
PSA target 12:
Reduce the proportion of young people not in education, employment or training by 2 percentage points by 2010

Related indicators

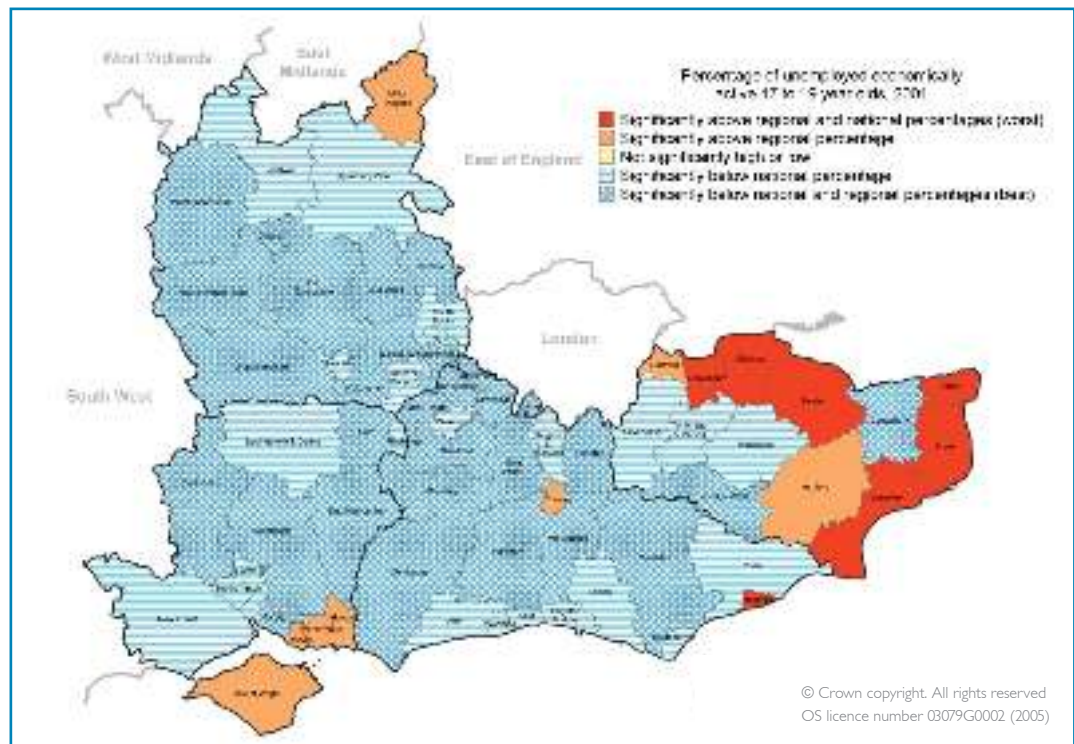
Basket Of Local Indicators 1.4:
Proportion of young people (18 to 24 year olds) in full time education or employment



Source: Office for National Statistics, 2001 Census.
Note: Map shows distribution of local authority rates by quintile across the South East.

Distribution of statistically significant percentages of economically active 17 to 19 year olds who are unemployed by local authority, 2001

Figure 3.18



Source: Office for National Statistics, 2001 Census.
Note: Map shows distribution of statistically significant rates (at the 95 per cent level) across the South East.

Chapter 4

The educational attainment of children and young people

Educational attainment levels are a key determinant of future income. Relative affluence, in turn, is associated with better health. The probability of leaving secondary or further education with good qualifications (and thus securing more secure, stable and well paid employment) is strongly predicted by the successful achievement of key educational standards at primary school level. Poor school attendance levels reduce the likelihood of achieving these educational milestones.

4.1	Key stage 2 attainment of primary school children	29
4.2	GCSE attainment of secondary school children	30
4.3	Unauthorised absences and exclusions from school	31

4.1 Key Stage 2 attainment of primary school children

Key facts

The proportion of pupils achieving Key Stage 2 level 4+ for English is 19.4 per cent higher in Wokingham than in Medway and Milton Keynes

Fewer than 65 per cent of pupils achieved level four for maths in 21.7 per cent of primary schools in the South East

Related policies and targets

Department for Education and Skills PSA target 6:

Raise standards in English and maths so that by 2006, 85 per cent of 11 year olds achieve level 4 or above (and) by 2008, the proportion of schools in which fewer than 65 per cent of pupils achieve level 4 or above is reduced by 40 per cent

Related indicators

Basket Of Local Indicators 3.1:

Percentage of 11 year olds achieving the expected level 4 or above in maths and English Key Stage 2

The Key Stage 2 attainment levels of 11 year olds in the South East were identical to the national averages in 2004: level four or above was achieved by 78 per cent of pupils for English, by 74 per cent for maths and by 86 per cent for science. The figures for English and maths are seven and 11 per cent respectively below the national attainment level targets for 2006 and correspond to 19,500 11 year olds across the South East not achieving this key standard for English, and 23,000 not doing so for maths.

There are considerable differences in Key Stage 2 attainment levels between the 19 local education authorities (LEAs) in the South East. In the English test, 86 per cent of 11 year olds in Wokingham achieved level four, yet in Medway and Milton Keynes only 72 per cent reached this standard. A similar pattern was apparent for maths: Wokingham had the highest attainment level with 82 per cent of pupils achieving level four, while Medway had the lowest figure at 68 per cent.

The improvement measure score (the aggregate of the percentage of pupils achieving level four in the English, maths and science tests) increased more rapidly than the national average in 11 (57.9 per cent) of the South East LEAs between 2001 and 2004. The greatest levels of improvement were recorded in Southampton and Milton Keynes. In contrast, falls in performance were recorded in four LEAs including Slough and West Berkshire.

The correlation between eligibility for free school meals and Key Stage 2 attainment levels for both English and maths is strong at 0.84: in other words, the South East LEAs with the lowest primary school attainment levels tend also to be those with the highest proportions of children living in income deprived households.

Within the South East, there are 280 schools (14.7 per cent of the total number of primary schools for which results were published) where fewer than 65 per cent of pupils achieved level four for English, and 414 (21.7 per cent) where fewer than 65 per cent achieved this standard for maths.

The educational attainment of the most disadvantaged group of primary school pupils – looked after children – in the South East is substantially below the level for all children and also below the national average for this group. For the Key Stage 2 English test, 35.9 per cent of the 360 looked after 11 year olds in the region achieved level four in 2004 compared with an average of 37.1 for England. For maths, the South East figure was 30.4 per cent compared with 34.8 per cent nationally.

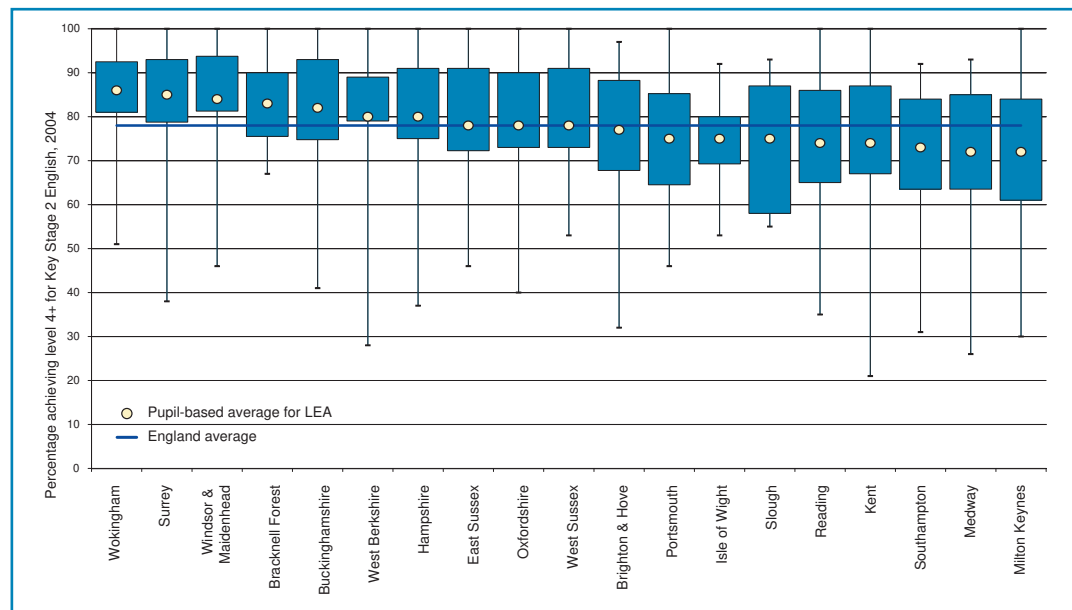
Further reading

Social Exclusion Unit. *Policy Action Team 2: Skills Report, 2001.*

www.socialexclusionunit.gov.uk/page.asp?id=407

Figure 4.1

Percentage of primary school pupils achieving level four or above for the Key Stage 2 English test by local education authority, 2004



Source: Department for Education and Skills. 2004 *Primary School (Key Stage 2) Achievement and Attainment Tables.*

Note: Figure shows the interquartile range of the percentage of pupils achieving level four or above for the Key Stage 2 English test for each LEA, together with the maximum and minimum scores; LEAs are ranked from the highest average score to the lowest.

4.2 GCSE attainment of secondary school children

Key facts

Just over 55 per cent of 16 year olds in the South East achieved five or more good GCSEs in 2004

65.9 per cent of pupils achieved this standard in Buckinghamshire compared with 41.8 per cent in Portsmouth

2,800 16 year olds in the region left school with no qualifications in 2004

Related policies and targets

Department for Education and Skills PSA target 10:

By 2008, 60 per cent of those aged 16 to achieve the equivalent of five GCSEs at grades A* to C; and in all schools at least 20 per cent of pupils to achieve this standard by 2004, rising to 25 per cent by 2006 and 30 per cent by 2008

Department for Education and Skills PSA target 5:

Narrow the gap in educational achievement between looked after children and that of their peers

Related indicators

Basket Of Local Indicators 3.4:

Percentage of 15 year olds in schools maintained by the local authority gaining five or more GCSEs at A*-C

A higher proportion (55.2 per cent) of young people in the South East achieved five or more GCSEs at grades A* to C than the average for England (53.7 per cent) in 2004. Similarly, fewer 16 year olds left secondary school with no qualifications in the South East: 3.1 per cent (equivalent to 2,800 young people) compared with 4.1 per cent nationally.

Across the 19 LEAs in the South East, Key Stage 2 attainment levels for English are a strong predictor of subsequent GCSE performance: the correlation between the two is 0.72 indicating that those LEAs which have a relatively low percentage of 11 year olds reaching the Key Stage 2 standard tend to have lower proportions of 16 year olds achieving the GCSE standard. For example, while only 74 per cent of 11 year olds and 45.1 per cent of 16 year olds in Reading achieved the standards for Key Stage 2 English and GCSEs respectively, in Wokingham the corresponding proportions were substantially higher at 86 and 62.2 per cent.

In addition to Wokingham, the public service agreement (PSA) target of 60 per cent of 16 year olds achieving five good GCSEs by 2008 has also been reached in Buckinghamshire (65.9 per cent) and West Berkshire (60.9).

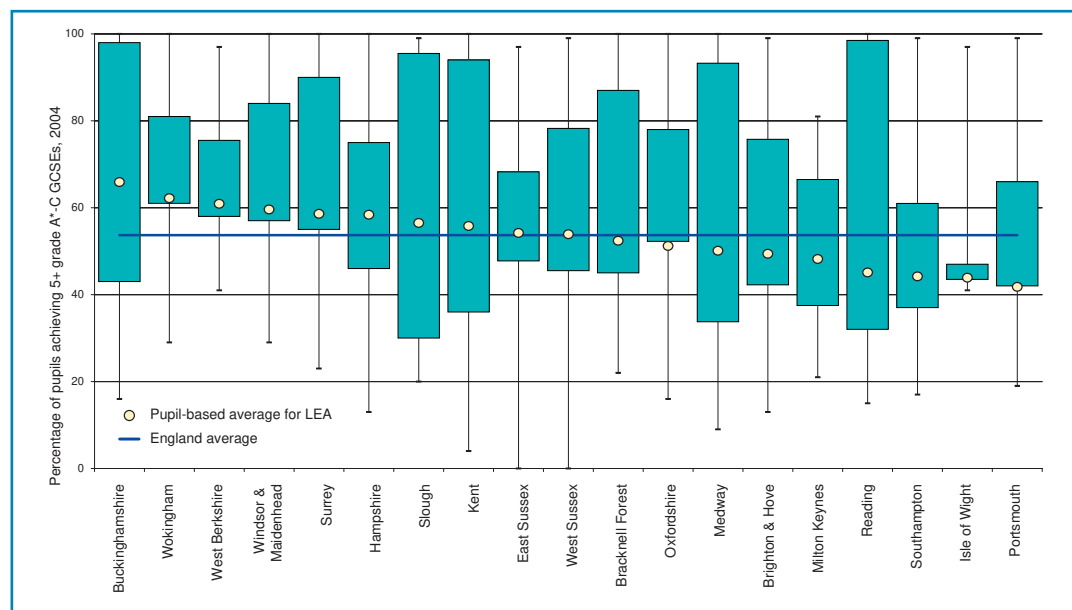
Within the South East, there are marked differences in GCSE attainment levels between individual schools. For example, while 136 (21.6 per cent) of the 629 schools with 20 or more eligible pupils had 90 per cent or more achieving five good GCSEs, there were 124 (19.7 per cent) where fewer than two in five pupils achieved this level.

The variations in attainment found between primary schools within the South East are further magnified at secondary school level. The interquartile range in the percentage of 16 year olds achieving five good GCSEs is under 40 per cent for schools in Isle of Wight and West Berkshire, yet nearly 70 per cent in Slough and Reading. These differences illustrate the inequalities in attainment levels that exist between schools in the South East, even within a single LEA.

As with the Key Stage 2 tests, looked after young people have substantially lower GCSE attainment levels than their peers. Only 7.3 per cent of looked after children reached the standard of five good GCSEs, while just over a third (35.8 per cent) achieved five or more A* to G grades (compared with 90.7 per cent of all eligible children).

Percentage of pupils achieving five or more A* to C grade GCSEs by local education authority, 2004

Figure 4.2



Source: Department for Education and Skills. *Secondary School (Key Stage 3) Achievement and Attainment Tables 2004*. Note: Figure shows the interquartile range of the percentage of secondary school pupils achieving five or more A* to C grade GCSEs for each LEA, together with the maximum and minimum percentages; LEAs are ranked from the highest average percentage to the lowest.

4.3 Unauthorised absences and exclusions from school

Unauthorised absences from school are associated with a number of adverse outcomes: regular truants and excluded children have a significantly higher likelihood of becoming a teenage parent, being unemployed or ending up in prison. The social inequalities fostered by truancy and exclusion from school are cyclical: truants tend to be from poorer backgrounds, have parents in low skilled jobs, and live in local authority rather than owner-occupied housing. Leaving school with poor qualifications, in turn, increases the subsequent risk of exposure to the factors associated with poor health, such as being unemployed and living in poor quality housing.

Primary school children

Authorised absences result in 4.8 per cent of half-days being missed by primary school children in the South East (compared with 5.1 per cent nationally), while unauthorised absences account for a further 0.3 per cent (compared with 0.4 per cent nationally). There are marked differences between the LEAs in unauthorised absence levels: while 0.1 per cent of half-days are missed by children in Isle of Wight, the figure for Slough is 0.8 per cent. Six (31.6 per cent) of the 19 LEAs in the region have an unauthorised absence figure higher than the average for England.

There are a number of schools in the South East with severe problems with unauthorised absences: two per cent or more half-days were lost in 31 primary schools in the region.

Secondary school children

Truancy is a more severe problem in secondary schools. One per cent of half-days were lost in 2004 due to unauthorised absences in the South East, and seven (36.8 per cent) of the 19 LEAs in the region have an unauthorised absence figure above the national average of 1.1 per cent. There is a more than threefold difference in performance between the LEA with the lowest absences figure (Medway; 0.6 per cent of half-days missed) and the worst performing authority (Reading; 2.1 per cent). Those LEAs such as Buckinghamshire with a low (0.7 per cent) proportion of half-days missed tend also to have less variation in absence levels between the schools in their area.

There are ten schools in the region with an unauthorised absence figure of over five per cent, and a further 140 with a figure greater than the national average.

Exclusions

The percentage of those permanently excluded from secondary school over the three year period to 2000-1 to 2002-3 in the South East is comparable to the national average at 0.23 per cent (equivalent to an average of nearly 1,150 excludees each year). There are marked differences in the proportion of pupils excluded between the LEAs in the region – while fewer than 0.1 per cent were excluded in Isle of Wight, over 0.3 per cent were excluded in Bracknell Forest, Kent, Medway and West Sussex. These variations appear to indicate the existence of different approaches to the management of pupil discipline across the region.

Further reading

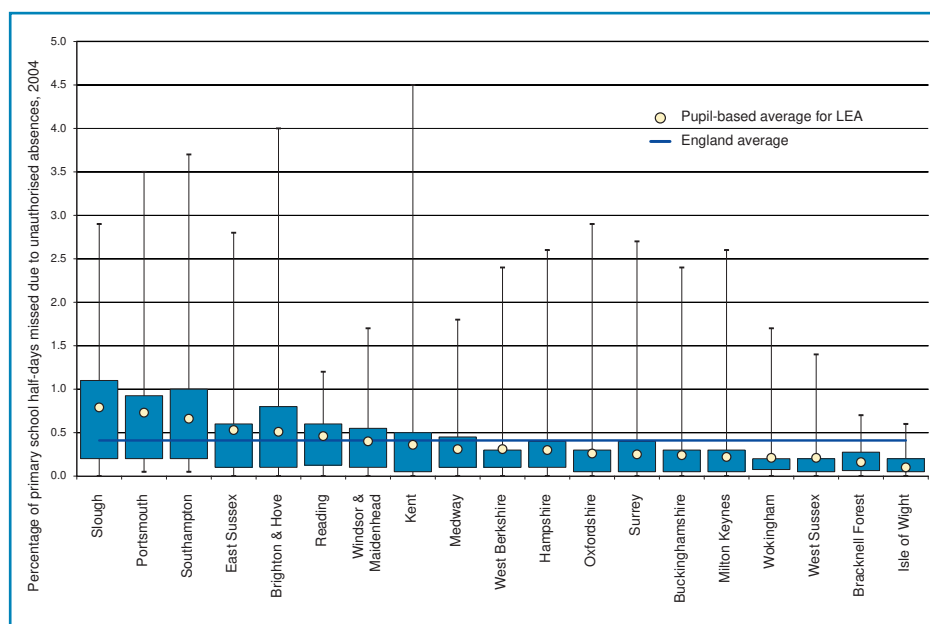
Social Exclusion Unit. *Truancy and School Exclusion*, 1998. www.socialexclusionunit.gov.uk/page.asp?id=293

Figure 4.3

Percentage of primary school half-days lost due to unauthorised absences by local education authority, 2004

Source: Department for Education and Skills. *2004 Primary School (Key Stage 2) Achievement and Attainment Tables*.

Note: Figure shows the interquartile range of the percentage of primary school half-days lost due to unauthorised absences for each LEA, together with the maximum and minimum scores; LEAs are ranked from the highest average percentage to the lowest.



Key facts

The percentage of primary school half-days lost due to unauthorised absence is twice as high in Slough (0.8 per cent) than the regional average

There is a more than threefold difference in the proportion of secondary school half-days missed between Medway (0.6 per cent) and Reading (2.1 per cent)

Related policies and targets

Department for Education and Skills PSA target 8:

Improve levels of school attendance so that by 2008, school absence is reduced by 8 per cent compared to 2003

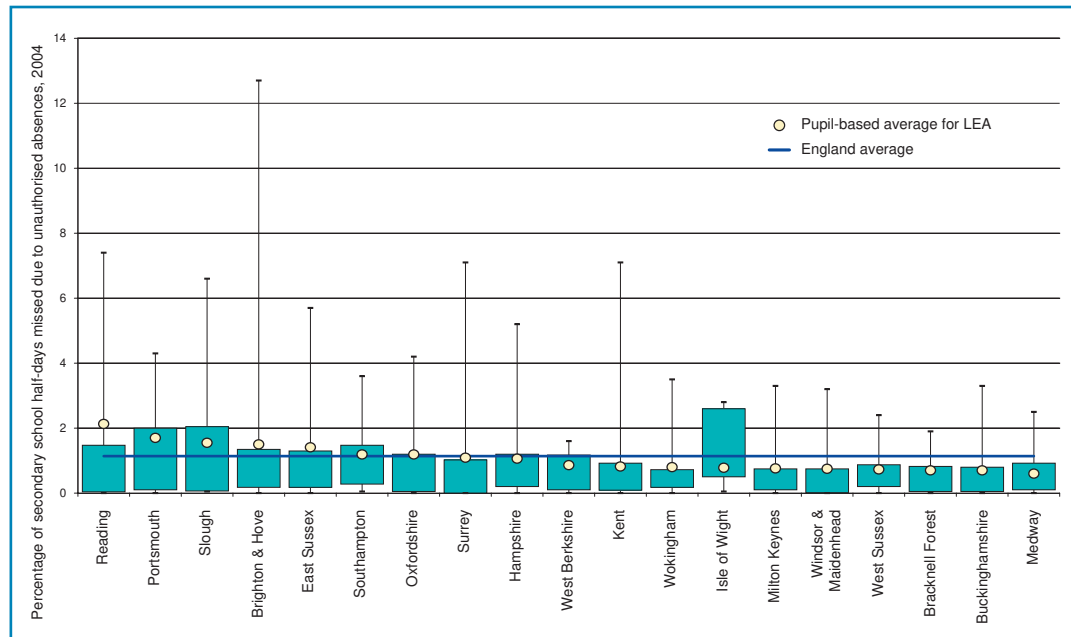
Related indicators

Basket Of Local Indicators 3.3:

Percentage of unauthorised half-days missed from primary/secondary schools

Percentage of secondary school half-days lost due to unauthorised absences by local education authority, 2004

Figure 4.4

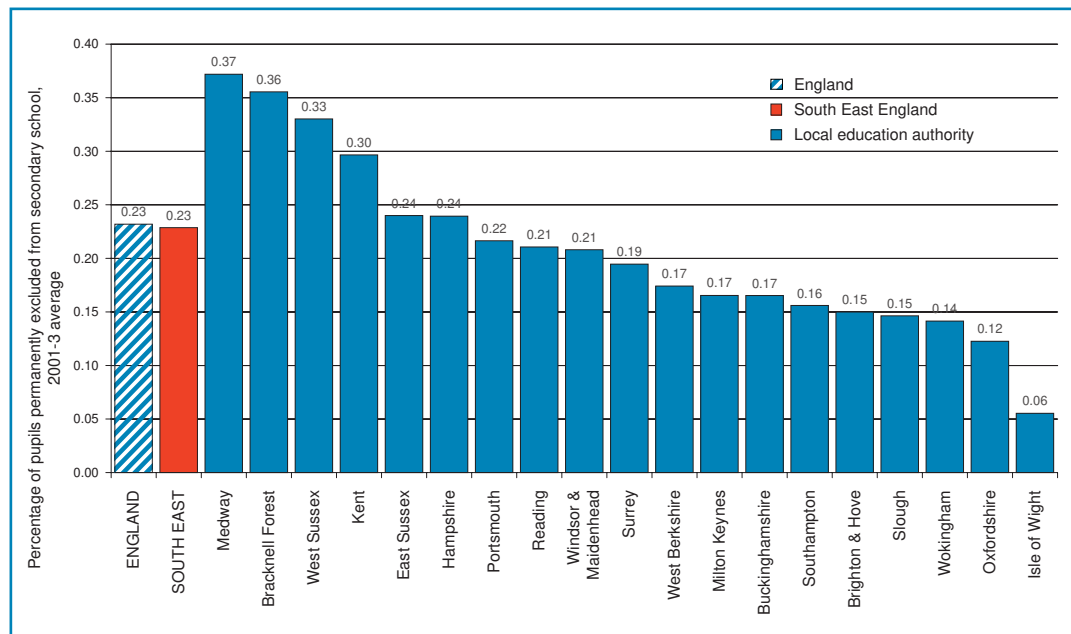


Source: Department for Education and Skills. *Secondary School (Key Stage 3) Achievements and Attainment Tables 2004*.

Note: Figure shows the interquartile range of the percentage of secondary school half-days lost due to unauthorised absences for each LEA, together with the maximum and minimum percentages; LEAs are ranked from the highest average percentage to the lowest.

Percentage of pupils permanently excluded from secondary school by local education authority, 2001-3 pooled

Figure 4.5



Source: Department for Education and Skills. *Statistics of Education Schools in England 2002, 2003; Permanent Exclusions from Schools and Exclusion Appeals in England 2002/2003 (Provisional)*.

Chapter 5

Lifestyle factors affecting the health of children and young people

A large number of important lifestyle factors which have an impact on the health and well-being of children and young people are not recorded in routine, whole population health monitoring and surveillance data systems. Limited information on local variations in, for example, the proportion of young people who smoke may be captured in one-off surveys, but the main source of national information on lifestyle factors is the Health Survey for England (HSE).

The HSE is an annual, nationally representative sample survey of health and lifestyle factors in England. It contains a series of core questions which are repeated every year, and modules which change periodically to address a particular health problem or specific group in the population. Children and young people have been included in every survey since 1995 and were the main focus of the 1997 and 2002 surveys. The size of the sample – 8,100 children and 3,600 young people aged 16 to 24 in the 2002 survey – does, however, limit the extent to which the HSE is able to provide robust sub-national intelligence on lifestyle factors. Statistics are available at strategic health authority level, but even for this geography, the sample size is small and the confidence intervals associated with the prevalence figures derived from the data unacceptably wide. Accordingly, in order to provide a more robust assessment of the risks posed to the health of children and young people in the South East by lifestyle factors, the indicators used in this chapter are presented for the region as a whole.

5.1	Fruit and vegetable consumption by children and young people	35
5.2	Physical activity levels among children and young people	36
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5.4	Alcohol consumption by young people	38
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5.1 Fruit and vegetable consumption by children and young people

Key facts

As with nationally, very low proportions of children and young people in the South East consume the recommended minimum of five portions of fruit and vegetables a day: only 13.7 per cent of those aged five to 15 and 15.4 per cent of 16 to 19 year olds do so

Related policies and targets

The Department of Health recommend that at least five portions of fruit and vegetables are consumed each day

Increasing consumption of fruit and vegetables can significantly reduce the risk of many diseases. It has been estimated that eating at least five portions a day of a variety of fruit and vegetables could reduce the risk of death from diseases such as coronary heart disease, stroke and cancer by up to a fifth.

Only 13.7 per cent of children aged five to 15 and 15.4 per cent of those aged 16 to 19 in the South East eat the recommended minimum of five portions of fruit and vegetables a day. The figure for those aged under 16 is slightly better than the national average (11.8 per cent), but those aged 16 to 19 in the South East fair little better than the average for England (15.6 per cent). Moreover, both age groups compare poorly with adults: approximately one in four of those aged over 20 in the region consume the recommended minimum number of portions.

Of the nine English regions, the South East has the second highest proportion of five to 15 year olds consuming the recommended minimum number of portions after London, but for the 16 to 19 age group it is near the national average.

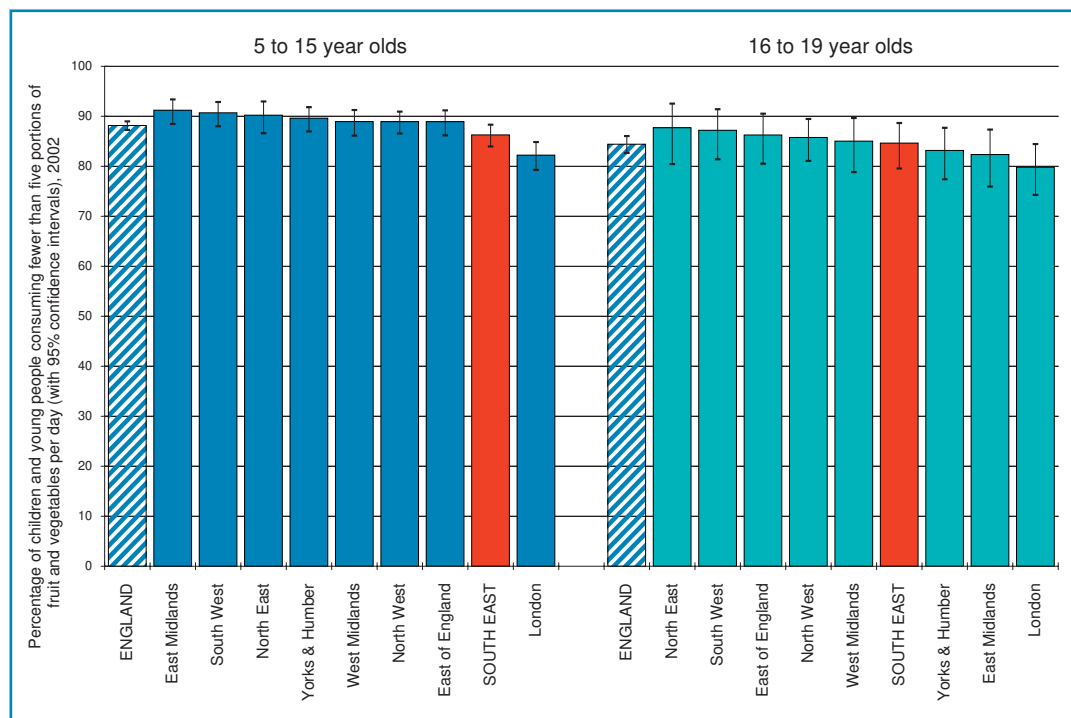
Further reading

Department of Health. *Health Surveys for England*. www.dh.gov.uk/PublicationsAndStatistics/PublishedSurvey/HealthSurveyForEngland/HealthSurveyBackground/fs/en

National Health Service. *5-A-Day*, n/d. www.5aday.nhs.uk/default.aspx

Figure 5.1

Percentage of five to 15 and 16 to 19 year olds who consume less than five portions of fruit and vegetables per day by Government Office Region, 2002



Source: Department for Health. *Health Survey for England 2002: The Health of Children and Young People*.

5.2 Physical activity levels among children and young people

Key facts

Nearly two in every five four to 15 year olds in the South East do not take enough physical activity

Related policies and targets

Joint Department of Culture Media and Sport PSA target 1 / Department for Education and Skills PSA target 9:

Enhance the take-up of sporting opportunities by five to 16 year olds so that the percentage of school children in England who spend a minimum of two hours each week on high quality physical exercise and school sport within and beyond the curriculum increases from 25 per cent in 2002 to 75 per cent by 2006 and to 85 per cent by 2008, and to at least 75 per cent in each School Sport Partnership by 2008

The Department of Health recommend that all young people should participate in physical activity of at least moderate intensity for one hour per day

Regular physical activity decreases the risk of developing coronary heart disease, prevents or delays the onset of high blood pressure, helps control body weight, lowers the risk of developing diabetes, reduces the risk of developing some cancers, and has positive mental health benefits. The expert recommendation supported by the Department of Health is that all young people should participate in physical activity of at least moderate intensity for one hour per day.

There is limited evidence on recent trends in physical activity levels among children and young people in England. The National Travel Survey shows declines in walking and cycling to school: since 1989-91, the proportion of children walking to primary school has declined from 62 to 56 per cent. Evidence from the Health Survey for England for the country as a whole suggests little change in physical activity levels amongst children between 1997 and 2002.

The proportion of four to 15 year olds in the South East who are sufficiently physically active is slightly below the national average at 62.1 per cent. In other

words, nearly two in every five children in the region are at increased risk of poor physical and mental health due to low levels of physical activity. Only children in London are less active than those in the South East.

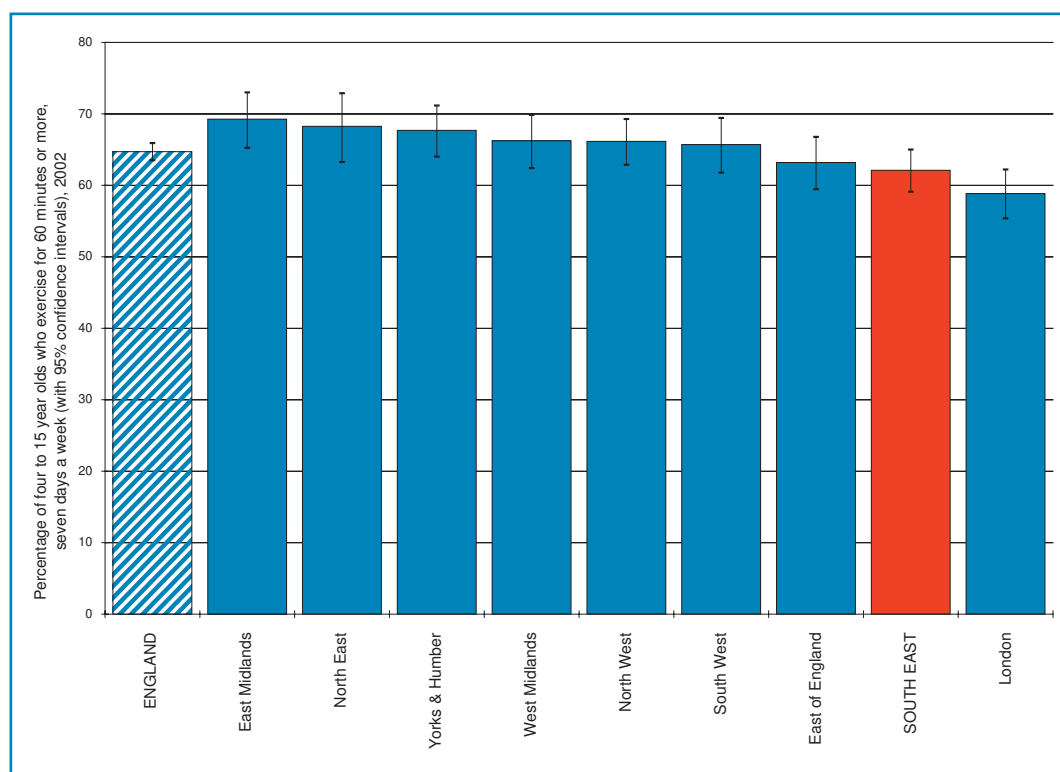
Further reading

Health Development Agency. *Improving People's Health: Physical Activity* (website), n/d. www.hda.nhs.uk/html/improving/physicalactivity.html

Social Exclusion Unit. *Policy Action Team 10: Arts and Sport Report*, 2001. www.socialexclusionunit.gov.uk/page.asp?id=407

Percentage of four to 15 year olds who exercise for 60 or more minutes, seven days a week by Government Office Region, 2002

Figure 5.2



Source: Department for Health. *Health Survey for England 2002: The Health of Children and Young People*.

5.3 Overweight and obese children and young people

Key facts

Approximately one in ten 11 to 15 year olds and one in five 16 to 19 year olds in the South East are overweight or obese

Related policies and targets

Joint Department of Culture Media and Sport PSA target 2 / Department of Health PSA target 3 / Department for Education and Skills PSA target 4:

Halt the year-on-year rise in obesity among children under 11 by 2010 in the context of a broader strategy to tackle obesity in the population as a whole

As regular physical activity decreases the risk of developing a range of physical and mental health problems, so being overweight or obese increases the risk of developing conditions such as high blood pressure, diabetes and coronary heart disease.

The proportion of children and young people in England who are overweight or obese is increasing: the Health Survey for England shows that between 1995 and 2002, obesity doubled amongst boys aged under 16 from 2.9 to 5.7 per cent and amongst girls from 4.9 to 7.8 per cent. The primary cause of being overweight or obese is eating too much of the wrong types of food and exercising too little. There is evidence that the use of multi-faceted school-based interventions such as nutritional education, physical activity promotion and the provision of healthier school meals are effective in reducing the problem amongst school children.

The Health Survey for England 2002 suggests that the South East has the lowest proportion of overweight or obese 11 to 15 year olds in England: just over one in ten children in the region have a body mass index

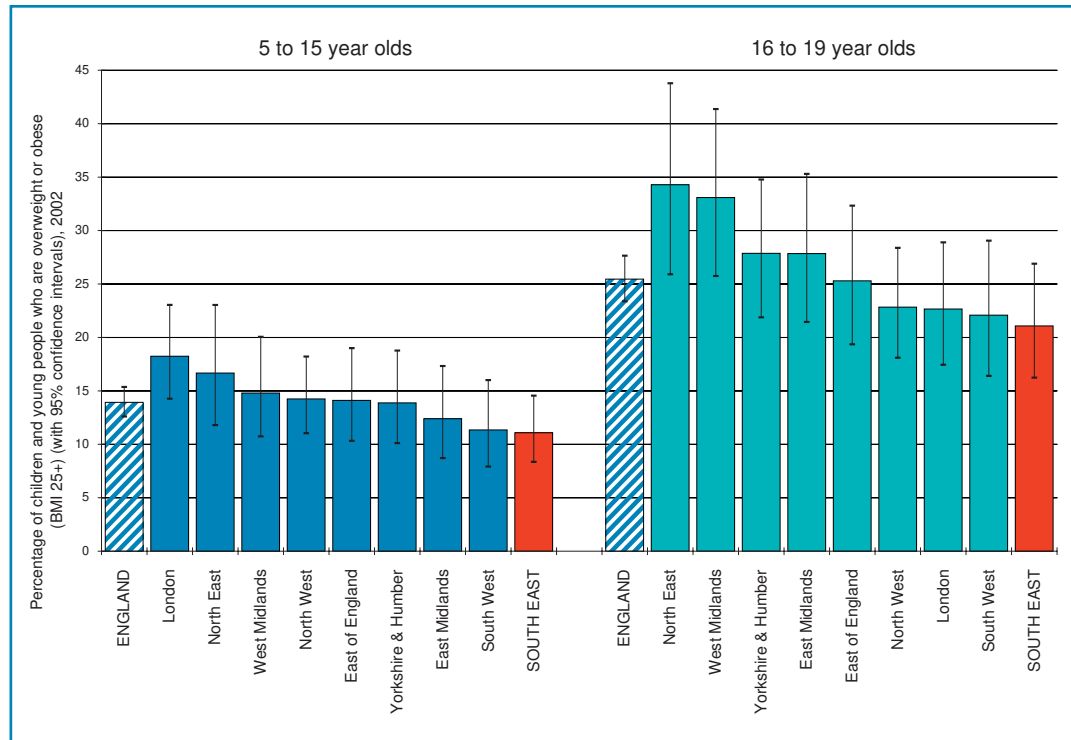
of 25 or over. The South East also has the lowest proportion of young people aged 16 to 19 who are overweight or obese in England, although the percentage affected is, at 21.1 per cent, nearly twice as large as for the younger age group.

Further reading

Health Development Agency. *The Management of Obesity and Overweight – An Analysis of Reviews of Diet, Physical Activity and Behavioural Approaches, 2003*. www.hda.nhs.uk/documents/obesity_evidence_briefing.pdf

Figure 5.3

Percentage of 11 to 15 and 16 to 19 year olds who are overweight or obese by Government Office Region, 2002



Source: Department for Health. *Health Survey for England 2002: The Health of Children and Young People*.

5.4 Alcohol consumption by young people

Key facts

Nearly one in three 16 to 19 year olds in the South East regularly consume more than the recommended weekly maximum number of units of alcohol

High levels of alcohol consumption significantly increase the risk of developing cardiovascular disease and a range of cancers (particularly of the oral cavity, larynx and liver). Alcohol misuse is a major factor in the preventable harms associated with mental illness (15 to 25 per cent of suicides are related to alcohol), accidents (20 to 30 per cent of accidents have alcohol as a factor), and violence and other crimes (offenders have been found to be intoxicated in a third of burglaries and half of street crime).

As with smoking, the burdens attributable to unsafe levels of alcohol consumption are not equally distributed: binge drinking (where the amount consumed in one session is equivalent to roughly a third of the recommended weekly maximum for men and half the maximum for women) is more common in lower socio-economic groups.

Heavy drinking is a problem among 16 to 19 year olds in the South East: nearly a third (30.5 per cent) of young people in the region regularly consume more than

the recommended weekly amount of alcohol. This proportion is slightly lower than the national average, but substantially higher than the region with the lowest figure in England (London at 17.9 per cent).

Further reading

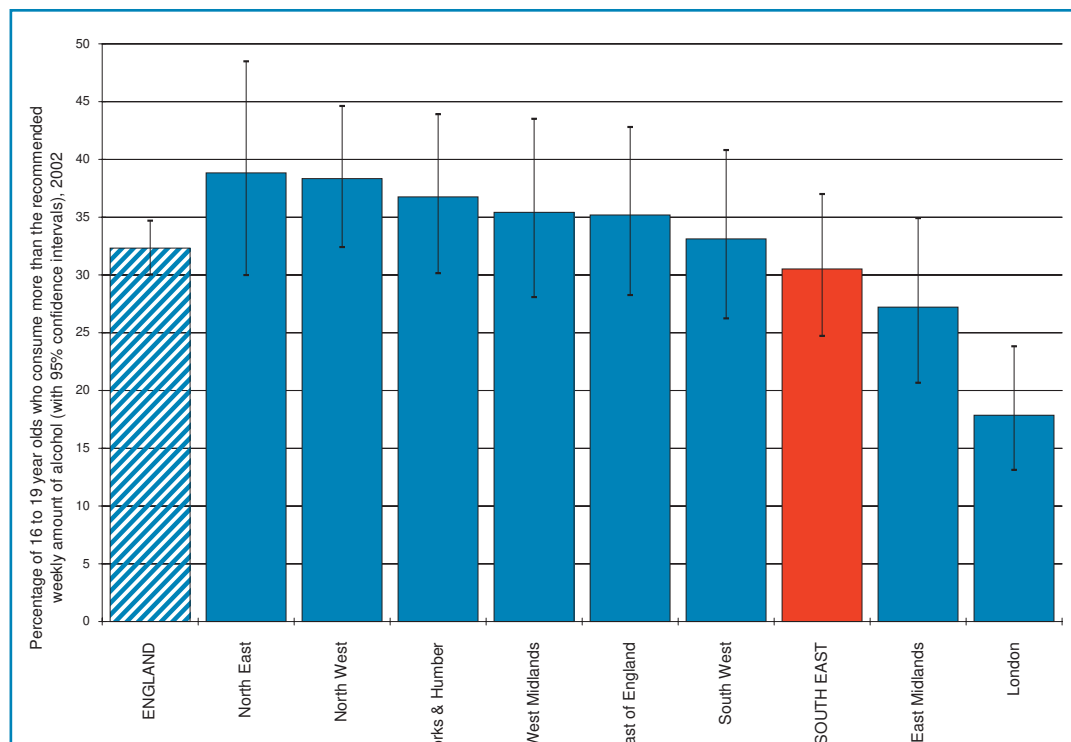
Department of Health. *Smoking, Drinking and Drug Use Among Young People in England in 2000, 2001*. www.archive.official-documents.co.uk/document/doh/sddyp/survey.htm

Health Development Agency. *Prevention and Reduction of Alcohol Misuse, 2002*.

www.hda-online.org.uk/Documents/alcoholtxt.pdf

Percentage of 16 to 19 year olds who consume more than the recommended weekly amounts of alcohol by Government Office Region, 2002

Figure 5.4



Source: Department for Health. *Health Survey for England 2002: The Health of Children and Young People*.

5.5 Smoking among children and young people

Smoking is the biggest cause of preventable death in England. The Health Development Agency estimates that an average of 86,500 deaths are caused each year by smoking. The greatest impact is on the number of lung cancer deaths, where just over nine in ten male lung cancer deaths and eight in ten female lung cancer deaths are due by smoking. A large number of deaths due to chronic obstructive lung disease and stroke are also attributable to smoking.

The burden of smoking-related mortality is not equally distributed: smoking rates are higher among lower socio-economic groups, and it is estimated that smoking is responsible for more than half of the excess risk of premature death between the social classes for men. Smoking rates are also higher in certain Black and Minority ethnic groups such as Bangladeshi and Black Caribbean men, and among Irish men and women.

There has been no reduction over the last decade in the number of women who continue to smoke during pregnancy. Maternal smoking increases the risk of low birth weight, and rates are highest amongst lower socio-economic groups. Furthermore, over half of babies from poorer backgrounds are exposed to environmental tobacco smoke which increases the risk of respiratory illness, sudden infant death syndrome and middle ear disease. And while adult smoking levels – and smoking-attributable mortality – are declining, the proportion of young people starting to smoking has not fallen in recent years.

Tobacco smoking is addictive so children who start at an early age are more likely to continue to do so into adulthood. Just over a quarter (27.1 per cent) of 11 to 15 year olds in the South East have smoked at least once; this figure is similar to the average for England. By ages 16 to 19, however, nearly one in three (32.2 per cent) young people in the region are regular smokers which is higher than the national average of 29.5 per cent. This level is also considerably above the Department of Health public service agreement target to reduce the smoking rate for all adults to 21 per cent by 2010.

Further reading

Action On Smoking And Health and Health Development Agency. *Smoking and Health Inequalities*, n/d.
www.hda.nhs.uk/documents/smoking_and_health_inequalities.pdf

Department of Health. *Drug Use, Smoking and Drinking Among Young People in England in 2003, 2004*.
www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsStatistics/PublicationsStatisticsArticle/fs/en?CONTENT_ID=4096231&chk=%2BoYQFq

Health Development Agency. *Improving People's Health: Smoking (website)*, n/d.
www.hda.nhs.uk/html/improving/smoking.html

Health Development Agency. *The Smoking Epidemic in England, 2004*.
www.hda.nhs.uk/Documents/smoking_epidemic.pdf

Key facts

Nearly one in three 16 to 19 year olds in the South East are current cigarette smokers

Related policies and targets

Department of Health PSA target 3: Reduce adult smoking rates to 21 per cent or less by 2010, with a reduction in prevalence among routine and manual groups to 26 per cent or less

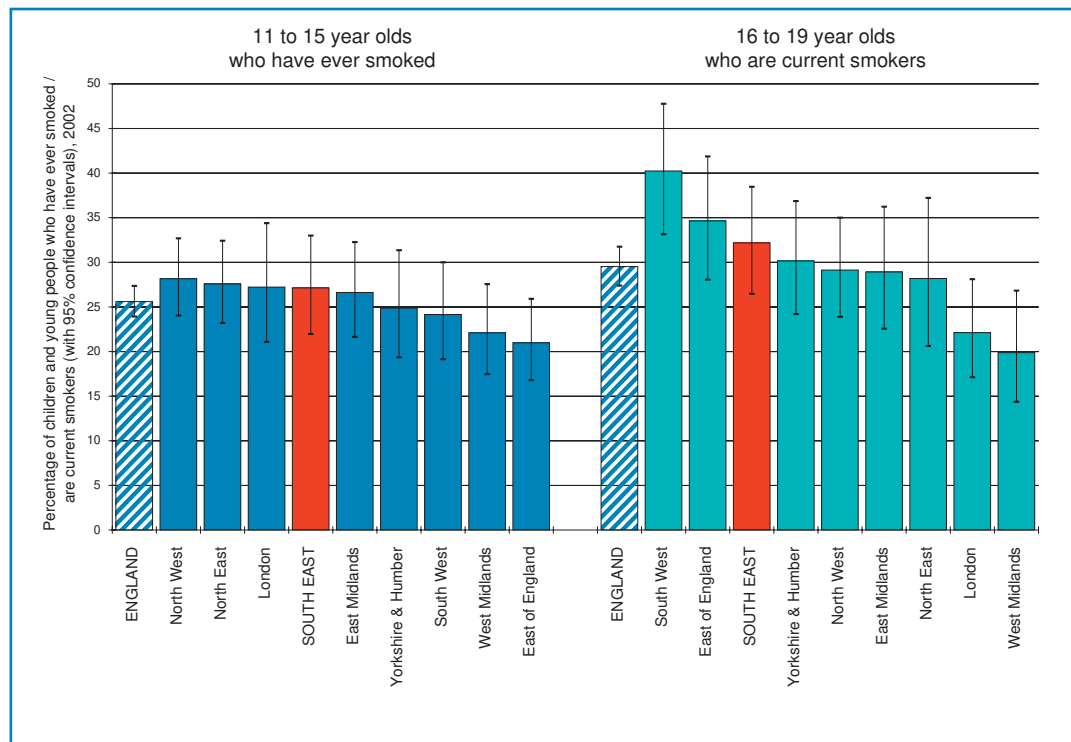
Related indicators

Basket Of Local Indicators 7.1: Proportion of people who have set a quit date and remain quit at four weeks

Basket of Local Indicators 7.2: Proportion of women continuing to smoke throughout pregnancy (those who smoke at delivery as a proportion of total maternities)

Percentage of 11 to 15 year olds who have ever smoked and 16 to 19 year olds who are current cigarette smokers by Government Office Region, 2002

Figure 5.2



Source: Department for Health. *Health Survey for England 2002: The Health of Children and Young People.*

Chapter 6

Children and young people at risk

In the analysis of the indicators of health and well-being in this compendium, emphasis has been placed on identifying those parts of the South East where children and young people have the poorest outcomes. There are, however, a number of key groups – namely, children and young people who care for others, teenage parents, children with special educational needs, looked after children and children on child protection registers – who are at particular risk. Often, these risks are compound: children in care, for example, are more likely to become teenage parents. Teenage parents, in turn, tend to have lower educational qualifications and as a consequence, lower incomes and poorer housing. This chapter focuses on these particularly vulnerable children and young people.

6.1	Children and young people who care for others	43
6.2	Teenage pregnancy	45
6.3	Children with special educational needs	47
6.4	Looked after children and children on the child protection register	49

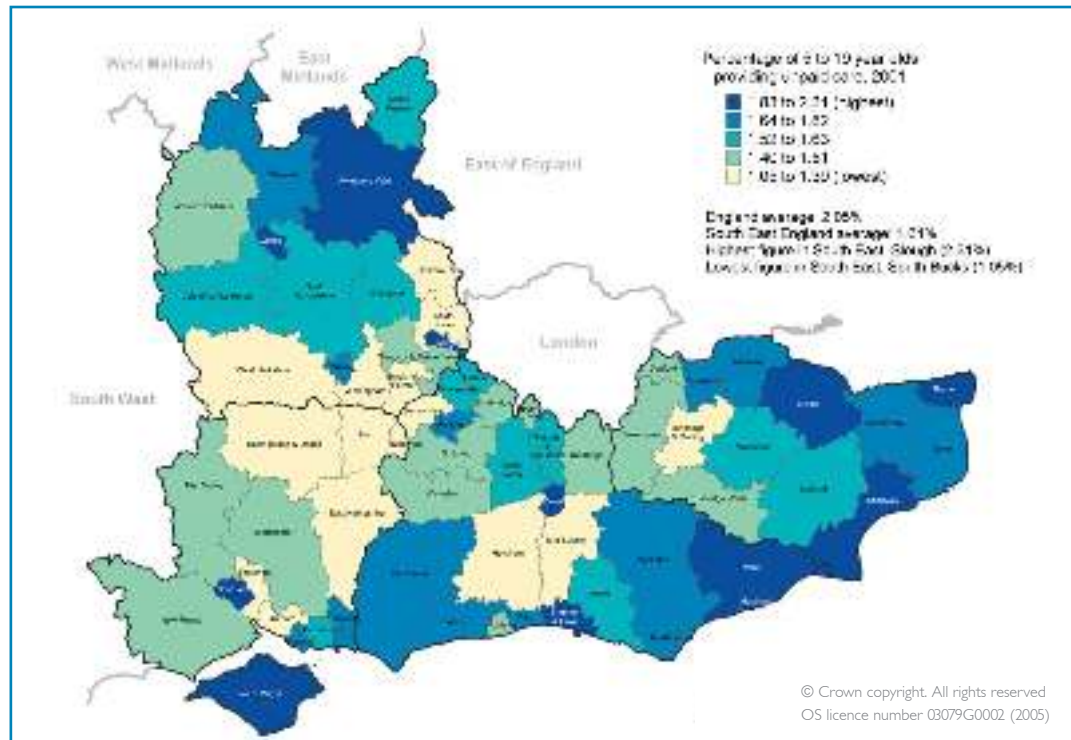
Key Facts

23,400 children and young people in the South East provide one or more hours of unpaid care each week

Slough has the highest figure with 2.3 per cent of five to 19 year olds providing unpaid care

Distribution of percentage of five to 19 year olds providing one or more hours of unpaid care per week by local authority, 2001

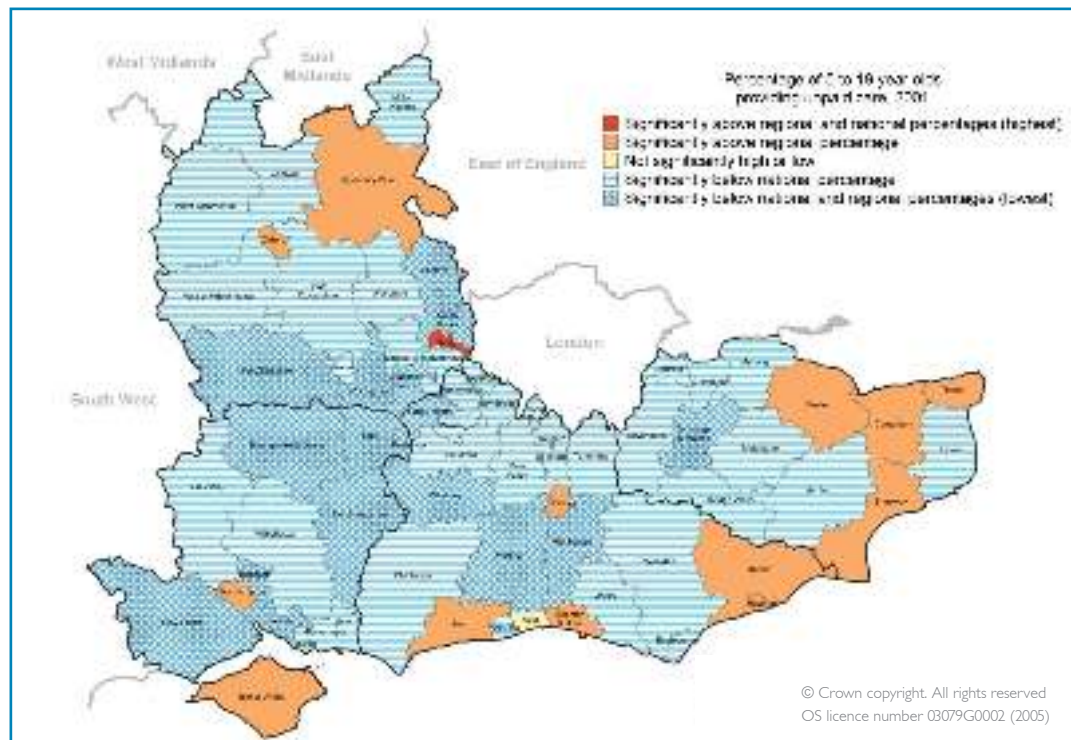
Figure 6.2



Source: Office of National Statistics. 2001 Census.
 Note: Map shows distribution of local authority rates by quintile across the South East.

Distribution of statistically significant percentages of five to 19 year olds providing one or more hours of unpaid care per week by local authority, 2001

Figure 6.3



Source: Office of National Statistics. 2001 Census.
 Note: Map shows distribution of statistically significant rates (at the 95 per cent level) across the South East.

6.2 Teenage pregnancy

Teenage pregnancy and early parenthood are frequently associated with low educational attainment levels, poor physical and mental health, social exclusion, and poverty. Socio-economic disadvantage can be both a cause and a consequence of teenage parenthood, and young women from the lowest social groups are ten times more likely to become teenage mothers than those from the highest social groups. Certain groups of young people are particularly at risk of becoming teenage parents, including young people in or leaving care; homeless young people; school excludees and those leaving school at the minimum age and with below average qualification levels. Children of teenage mothers; members of certain Black and Minority ethnic groups; and young people involved in crime are also at risk.

In 2003, there were nearly 4,930 conceptions under age 18 in the South East. This number is equivalent to a rate of 33.0 conceptions per 1,000 young women aged 15 to 17 and is significantly lower than the national rate of 42.1 conceptions.

There are marked inequalities in the teenage pregnancy rate within the South East: a more than threefold difference exists between the local authority areas with the highest rates and those with the lowest. Southampton, for example, has an under 18 conception rate of 63.8 (which corresponds to an average of 230 conceptions per year), yet the figure for Hart is over three-quarters lower at 14.7 (20 conceptions per year). Ten of the 67 local authority areas in the region have a rate significantly higher than the national average: Southampton, Thanet (57.5; 140 conceptions per year) and Reading (57.0; 140 conceptions) have the highest rates. In contrast, significantly low rates are found in areas such as Hart, Waverley (15.8; 30 conceptions) and Chiltern (17.8; 30 conceptions).

There is a strong association between teenage pregnancy and deprivation in the South East: the correlation between the two is 0.88, indicating that those local authority areas with the highest teenage pregnancy rates are generally the areas with the greatest levels of deprivation.

The Teenage Pregnancy Unit have set a national target of a 50 per cent reduction in the under 18 conception rate against the 1998 baseline by 2010. The target for the South East is also 50 per cent, although the reduction targets for individual local authority areas in the region vary from 40 to 55 per cent depending on the baseline rate. In common with England as a whole, the trend in the teenage pregnancy rate in the South East is downwards, although whether both the national and regional rates of decline are sufficiently rapid to achieve the 50 per cent reduction target is currently unclear.

The comparatively small numbers of under 18 conceptions at local authority level mean that teenage pregnancy rates in these areas can fluctuate considerably from year to year as a result of chance variations in the numbers of conceptions. Nevertheless, there appear to be considerable differences in the direction of the trend – and the corresponding likelihood of achieving the reduction targets – between different areas within the South East. For example, whilst the general trend in Bracknell Forest since 1998 has been downwards, the trend for Reading is less clear indicating that further work is required to ensure that the teenage pregnancy rate reduction target is achieved.

Further reading

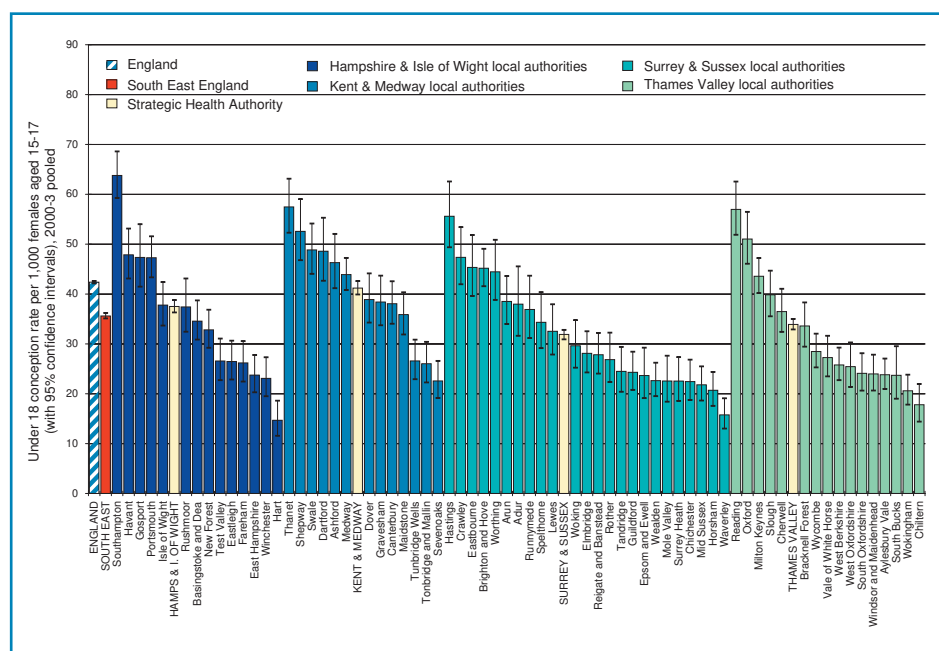
Health Development Agency. *Teenage Pregnancy: An Overview of the Research Evidence*, 2004. www.hda-online.org.uk/Documents/teenpreg_evidence_overview.pdf

Health Development Agency. *Teenage Pregnancy and Parenthood: A Review of Reviews*, 2003. www.hda.nhs.uk/evidence/EBBD.html#pub

Social Exclusion Unit. *Teenage Pregnancy*, 1999. www.info.doh.gov.uk/tpu/tpu.nsf

Figure 6.4

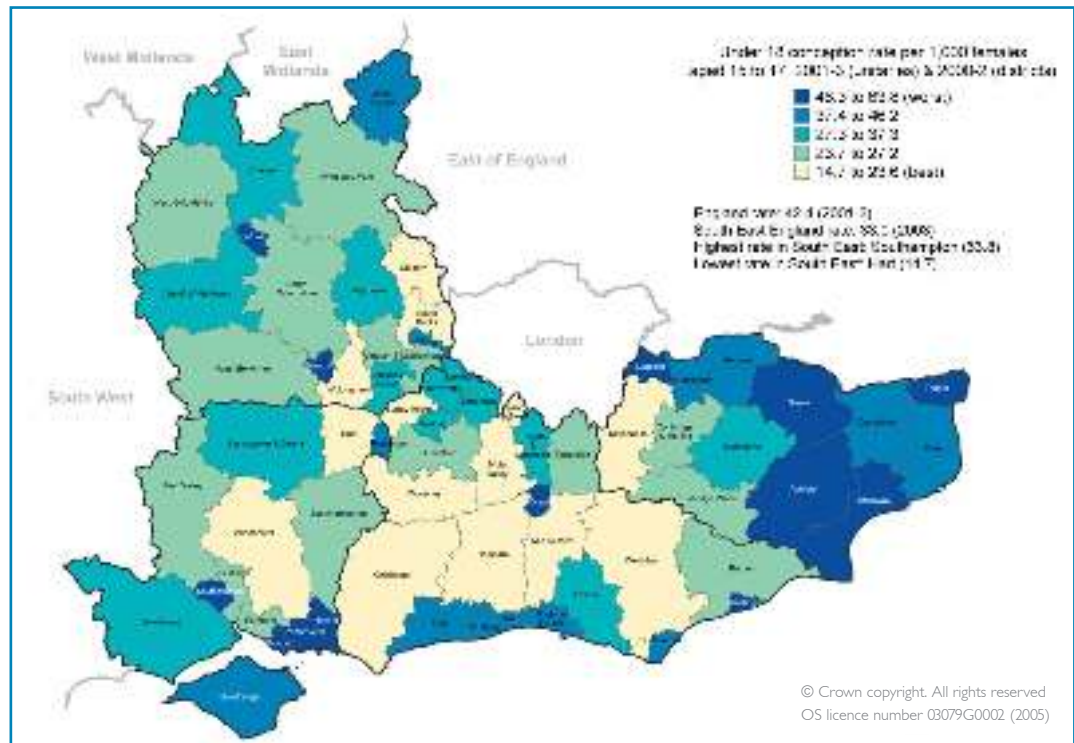
Under 18 conception rate by local authority, 2001-3 (unitaries) and 2000-2 (districts)



Source: Office for National Statistics. *Under 18 Conceptions, 2000-3.*

Distribution of under 18 conception rates by local authority, 2001-3 (unitaries) and 2000-2 (districts)

Figure 6.5



Source: Office for National Statistics. *Under 18 Conceptions, 2000-3*.
 Note: Map shows distribution of local authority rates by quintile across the South East.

Key facts

The teenage pregnancy rate in the South East (33.0 per 1,000 girls aged 15 to 17) is significantly lower than the national average (42.1)

Southampton (63.8) has the highest teenage pregnancy rate in the South East and Hart (14.7) the lowest

There is strong correlation between teenage pregnancy and deprivation (R=0.88)

Relevant policies and targets

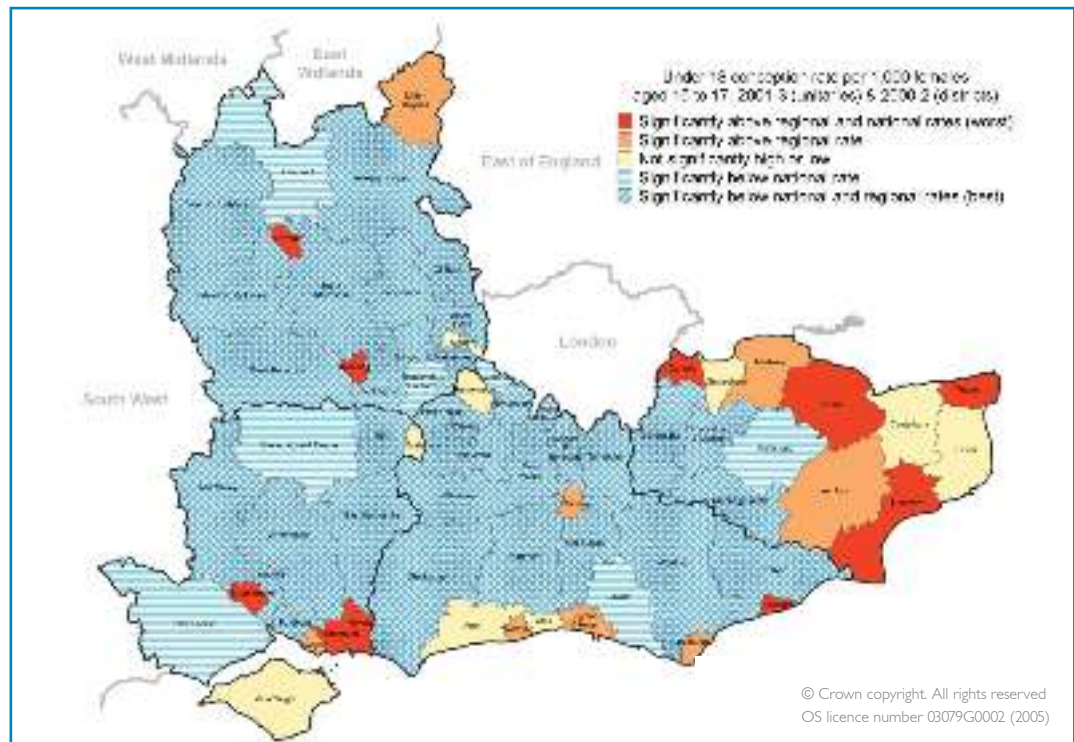
Joint Department of Health PSA target 3 / Department for Education and Skills PSA target 3:
 Improve life chances for children, including reducing the under 18 conception rate by 50 per cent by 2010

Relevant indicators

Basket Of Local Indicators II.1:
 Number of conceptions to girls under 18 per 1,000 females aged 15-17

Distribution of statistically significant under 18 conception rates by local authority, 2001-3 (unitaries) and 2000-2 (districts)

Figure 6.6



Source: Office for National Statistics. *Under 18 Conceptions, 2000-3*.
 Note: Map shows distribution of statistically significant rates (at the 95 per cent level) across the South East

6.3 Children with special educational needs

Children with special education needs (SEN) – which include moderate to severe learning difficulties; emotional or behavioural problems; autistic spectrum disorders; and profound and multiple learning difficulties – are substantially more likely to have lower educational attainment levels than their peers. Children with SEN are also 13 times more likely to be permanently excluded from school than those without SEN.

Just over one per cent of children in England are educated in special schools. The bulk of children with SEN, however, are located in mainstream local education authority maintained primary and secondary schools.

Primary school children

Of the 639,000 primary schools pupils in the South East, 10,100 (1.6 per cent) have formal statements of special needs. The proportion of children with statements of SEN is broadly comparable to the national average (1.6 per cent) in most of the 19 local education authorities (LEAs) in the South East, although there is a near fivefold difference between the LEA with the highest figure (Isle of Wight; 2.7 per cent of children) and the authority with the lowest (Southampton; 0.6 per cent).

The proportion of children with SEN does not appear to be associated with the level of deprivation: Portsmouth, Slough and Southampton are amongst the most deprived in the South East, yet have relatively low proportions of primary school children with SEN. This suggests that other factors such as differences in statementing practices are of greater importance.

There is relatively little variation in the proportion of pupils with SEN across the 2,100 mainstream primary schools in the South East, although there are 15 (0.7 per cent) schools with more than ten pupils where over ten per cent have SEN, and a further 75 (3.6 per cent) where five per cent or more have special needs.

Secondary school children

Those South East LEAs with the largest proportion of primary school children with statements of SEN tend also to have the highest percentage of secondary school pupils with SEN. Two per cent of secondary school pupils (equivalent to approximately 10,500 children) across the region have SEN, which is slightly below the average for England of 2.4 per cent. Six (31.6 per cent) of the 19 LEAs in the South East have a figure above the national average, and there is a near fivefold difference between the LEA with the highest figure (Reading; 3.0 per cent of children) and the authority with the lowest (Southampton; 0.6 per cent).

As with primary schools, the proportion of secondary school pupils with SEN does not appear to be associated with the level of deprivation. Unlike primary schools, however, there is a marked difference between schools in several of the LEAs – particularly Kent, Reading and Slough – in the proportions of pupils with SEN. Across the region, there are 49 secondary schools (7.0 per cent) with five or more per cent of pupils with SEN, and 152 (21.6 per cent) with no children with SEN.

The proportion of children with statements of special needs in secondary schools in the South East does not appear to have a strong negative impact on overall attainment levels: the correlation between the overall percentage of pupils in a school with SEN and the proportion of 15 year olds achieving five or more A* to C grade GCSEs (in schools with at least ten pupils eligible to take the GCSE tests) is low ($R=0.40$). Nevertheless, at an individual level, children with SEN tend to leave school with lower qualification levels.

Further reading

Department for Education and Skills. *Removing Barriers To Educational Achievement: The Government's Strategy for SEN, 2004.* www.standards.dfes.gov.uk/literacy/publications/inclusion/883963/

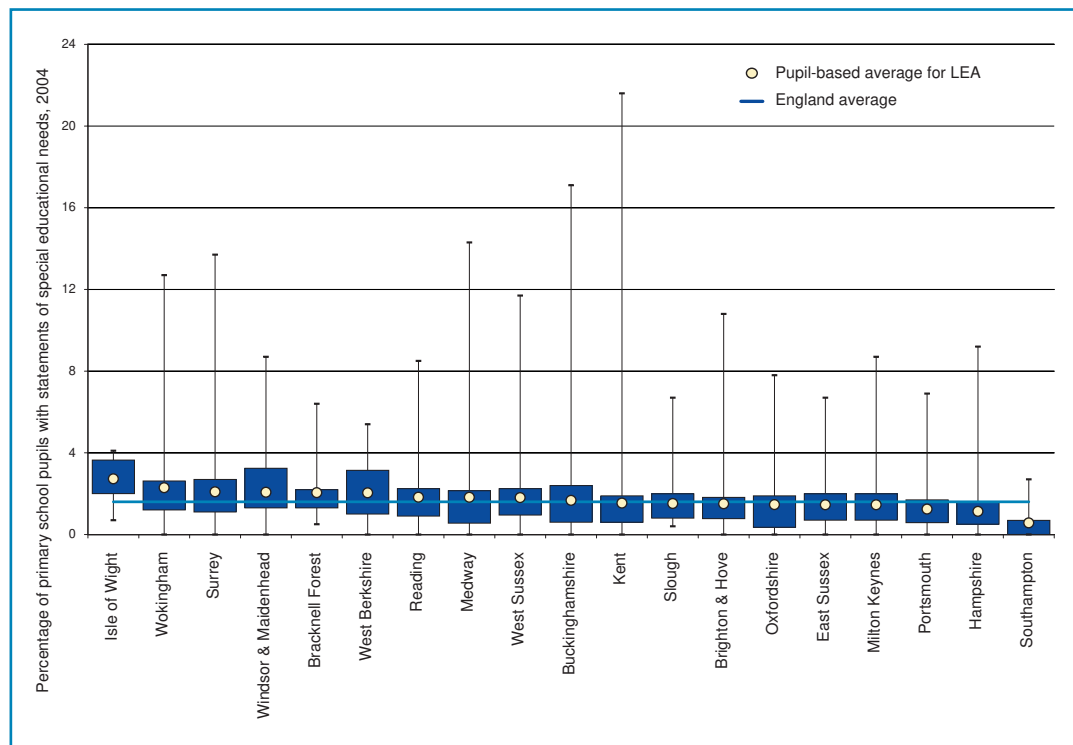
Key facts

There are 10,100 primary school and 10,500 secondary school children with statements of special educational needs (SEN) in the South East

Marked differences are apparent in the proportion of secondary school pupils with SEN between schools in several local education authorities in the region

Percentage of primary school pupils with statements of SEN by local education authority, 2004

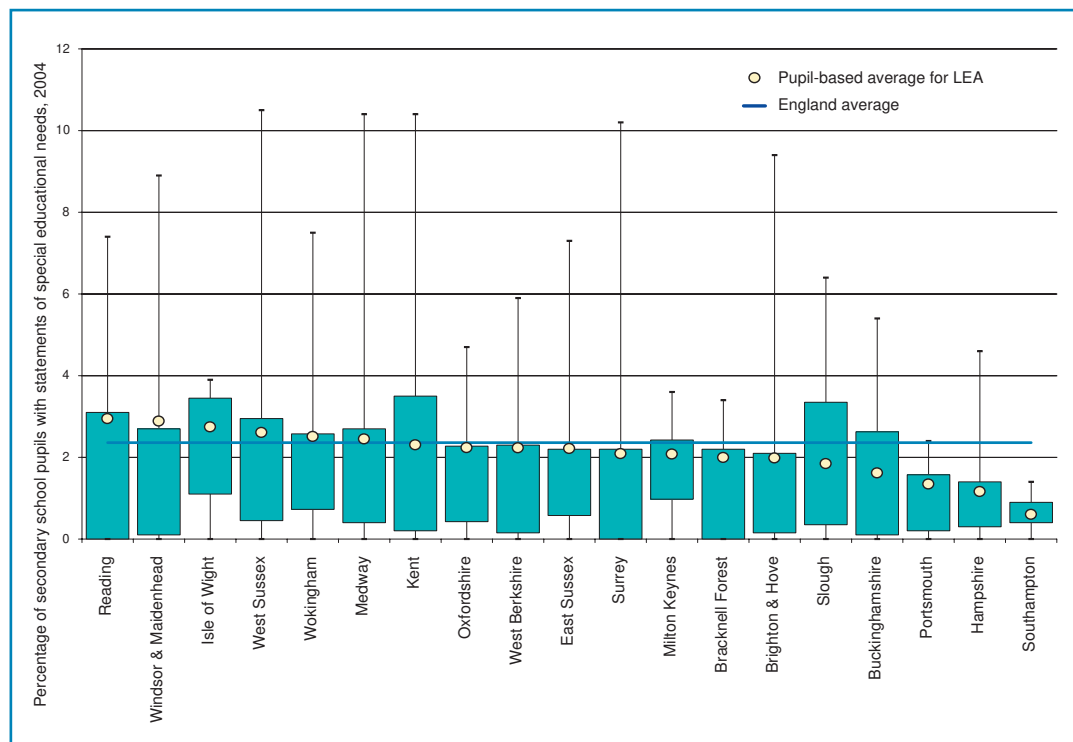
Figure 6.7



Source: Department for Education and Skills. 2004 Primary School (Key Stage 2) Achievement and Attainment Tables. Notes: Figure shows the interquartile range of the percentage of primary school pupils with statements of SEN for each LEA. Quartiles based on schools with more than 10 pupils only. Also excludes West Malling Church of England School, Kent (extreme outlier with only 13 pupils and 53.8 per cent with statements of SEN)

Percentage of secondary school pupils with statements of SEN by local education authority, 2004

Figure 6.8



Source: Department for Education and Skills. Secondary School (Key Stage 3) Achievement and Attainment Tables 2004. Notes: Quartiles based on schools with 20 or more pupils only. Also excludes six outliers with more than 30 per cent of pupils with statements of SEN.

6.4 Looked after children and children on the child protection register

Children who are looked after or on the child protection register are at substantially increased risk of social exclusion, both in childhood and in later life. Over three fifths of children in care in England are there because of abuse or neglect, and nearly a third are there as a result of other family reasons. Over four fifths live in foster homes and two per cent in children's homes or hostels, often a considerable distance from their original home area. Looked after children tend to have poor educational outcomes (only 7.3 per cent of this group in the South East achieved five good GCSEs, compared with 55.3 per cent of their peers); are two and a half times more likely to become teenage parents; are more likely to be unemployed (the unemployment rate for looked after school leavers in the South East was 21 per cent in September 2003, compared with six per cent for their peers) and are more likely to spend time in prison (a quarter of adults in prison spent some of their childhood in care).

Over 11,800 under 18 year olds were looked after in the South East during 2003-4, three quarters of whom had been looked after for a least a year. This number is equivalent to a looked after children rate of 66 per 10,000 children and young people aged under 18, and is lower than the national rate of 86. Both the national and regional rates have remained broadly constant since 2002.

There are, however, substantial variations in the looked after children rate between different local authorities in the South East. Brighton & Hove (126 looked after children per 10,000 under 18 year olds), Portsmouth (104) and Southampton (98) all have looked after children rates over three times higher than Windsor & Maidenhead (30). These differences appear to reflect the unequal distribution of deprivation across the region, although variations in approaches to the management of children at risk may also be a factor.

A similar pattern is apparent for children on local authority protection registers. Child protection registers enable local authorities to work with the families of children at risk of physical, emotional or sexual abuse or neglect while still keeping families together. Nearly 3,400 children in the South East were on protection registers at the end of March 2004, which is equivalent to a rate of 18.9 per 10,000 children aged under 18, and below the average for England (23.7). Portsmouth (40.0) and Brighton & Hove (36.4) have the highest rates, while Milton Keynes (5.8) and Wokingham (8.6) the lowest.

Further reading

Social Exclusion Unit. *A Better Education for Children in Care*, 2003. www.socialexclusionunit.gov.uk/page.asp?id=50

Social Exclusion Unit. *Young People – Policy Action Team Report 12*, 2000. www.socialexclusionunit.gov.uk/page.asp?id=46

Key facts

There were over 11,800 looked after children in the South East during 2003-4, and 3,400 under 18 year olds on child protection registers

The highest children at risk rates are in Brighton & Hove, Portsmouth and Southampton

Related policies and targets

Department of Education and Skills PSA target 5:

Narrow the gap in educational achievement between looked after children and that of their peers, and improve their educational support and the stability of their lives so that by 2008, 80 per cent of children under 16 who have been looked after for 2.5 or more years will have been living in the same placement for at least 2 years, or are placed for adoption

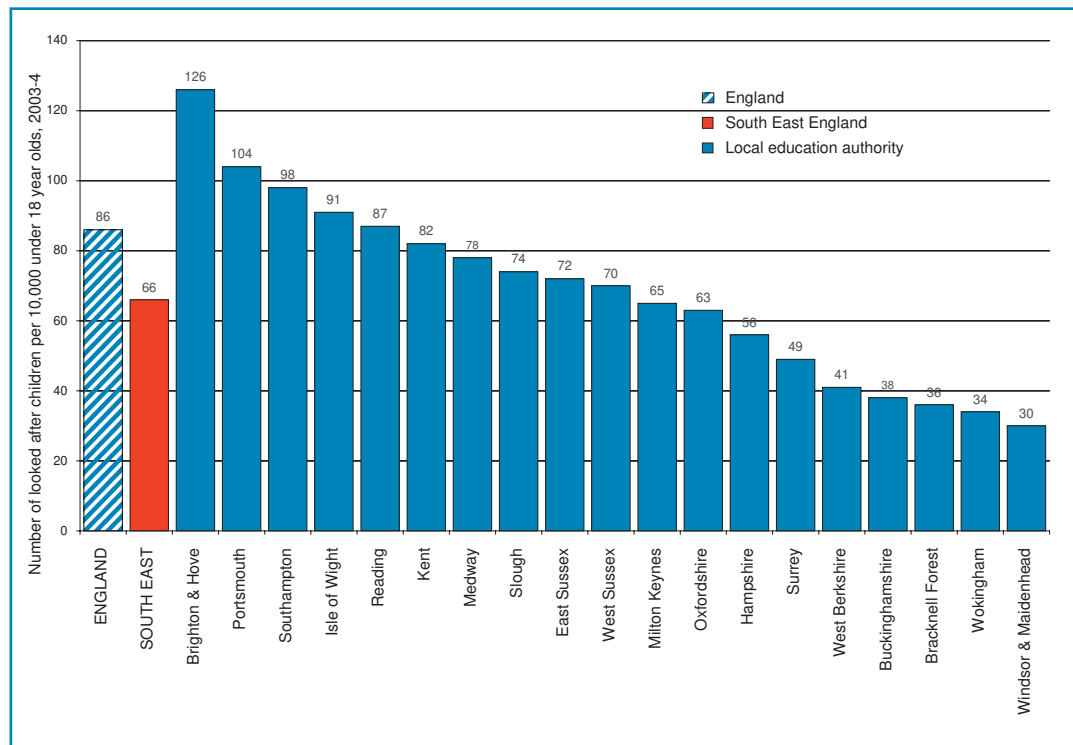
Related indicators

Basket Of Local Indicators II.7:

Percentage of children registered during the year on the Child Protection Register who had been previously registered

Looked after children rate by local education authority, 2004

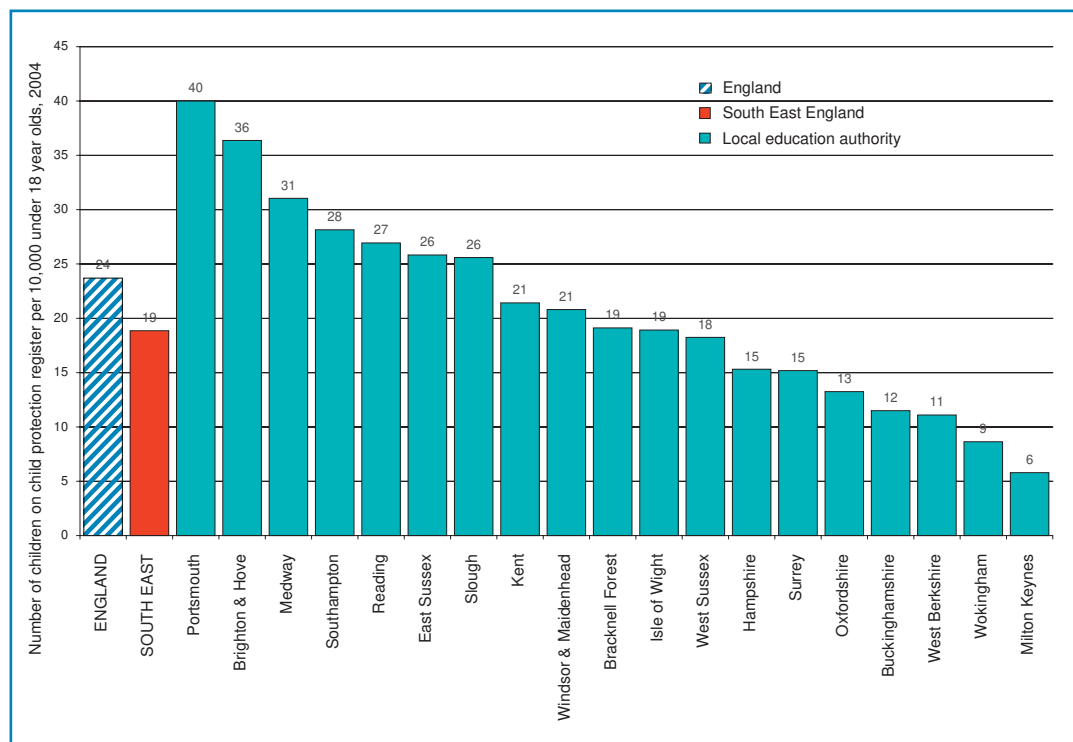
Figure 6.9



Source: Department for Education and Skills. *Children Looked After by Local Authorities Year Ending 31 March 2004*.

Children on the child protection register rate by local education authority, 2004

Figure 6.10



Source: Department for Education and Skills. *Children and Young People on Child Protection Registers Year Ending 31 March 2004*.

Chapter 7

How healthy are children and young people?

This chapter focuses on a range of indicators of the health of children and young people in the South East. Deaths in childhood are comparatively rare events, but across the region, a considerable number of under 20 year olds suffer from poor health. Moreover, the burden of ill health is highly unequally distributed. Immunisation coverage levels are also analysed to provide an indication of the level of risk to the future health of children and young people in the region posed by a number of serious, but preventable, diseases.

7.1	Immunisation levels among children	53
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7.1 Immunisation levels among children

Vaccination and immunisation of children provides both individual and public health protection against a range of infectious and contagious diseases. The routine immunisation schedule for children by age two in England includes diphtheria, tetanus, pertussis, polio and Hib (DTaP/IPV/Hib); meningitis C; and measles, mumps and rubella (MMR). By age five, boosters are received for diphtheria, tetanus, pertussis and polio (dTaP/IPV or DTaP/IPV); and a second dose for MMR. The World Health Organisation recommends that coverage levels of 95 per cent are necessary to confer the wider public health benefits of immunisation.

An average of 94 per cent of children aged two are immunised for diphtheria, tetanus, pertussis, polio, Hib and meningitis C in the South East, which is nearly one per cent higher than the average for England. Booster vaccination levels for diphtheria, tetanus and polio among five year olds in the region are rather lower at 82.5 per cent, but still some two percentage points higher than the national average. Coverage differs little between the four strategic health authority areas in the South East, but several PCTs have figures substantially below the recommended level: the average for Newbury & Community is 71.9 per cent, and a further five PCTs (Brighton & Hove City, Guildford & Waverley, Isle of Wight, Reading and Wokingham) have figures below 90 per cent.

The exception to the generally high level of immunisation is MMR: only 79.5 per cent of two year olds in the South East have been immunised against these diseases, which is slightly lower than the national average of 79.9. MMR coverage has fallen dramatically in recent years: 87.1 per cent of two year olds in the region were immunised for MMR in 2000-1. This fall is apparent in the differences in coverage levels between two and five year olds:

90.0 per cent of the latter age group have received their first dose MMR (in other words, were first immunised around 2000-1), but only 74.6 per cent received their second dose during 2003-4. These figures mean that there are 17,700 two year olds and 24,300 five year olds in the South East who have not been fully immunised against MMR.

There are marked variations in MMR coverage within the South East. While 82.7 per cent of two year olds (first dose) and 80.2 per cent of five year olds (first and second dose) have been immunised in Hampshire & Isle of Wight, the corresponding figures for Surrey & Sussex are substantially lower at 75.7 and 69.7 per cent. The differences are greater still at PCT level. Fewer than 80 per cent of two year olds have been immunised in 23 (46.9 per cent) of the 49 PCTs in the region. The lowest figure is 67.2 per cent in Newbury & Community which compares with North East Oxfordshire were 89.5 per cent have been immunised. Among five year olds, first and second dose MMR vaccination levels are below 60 per cent in seven PCTs (14.3 per cent of the total); Newbury & Community has the lowest figure at 52.2 per cent. In contrast, 87.2 per cent of five year olds in South West Oxfordshire have been fully immunised.

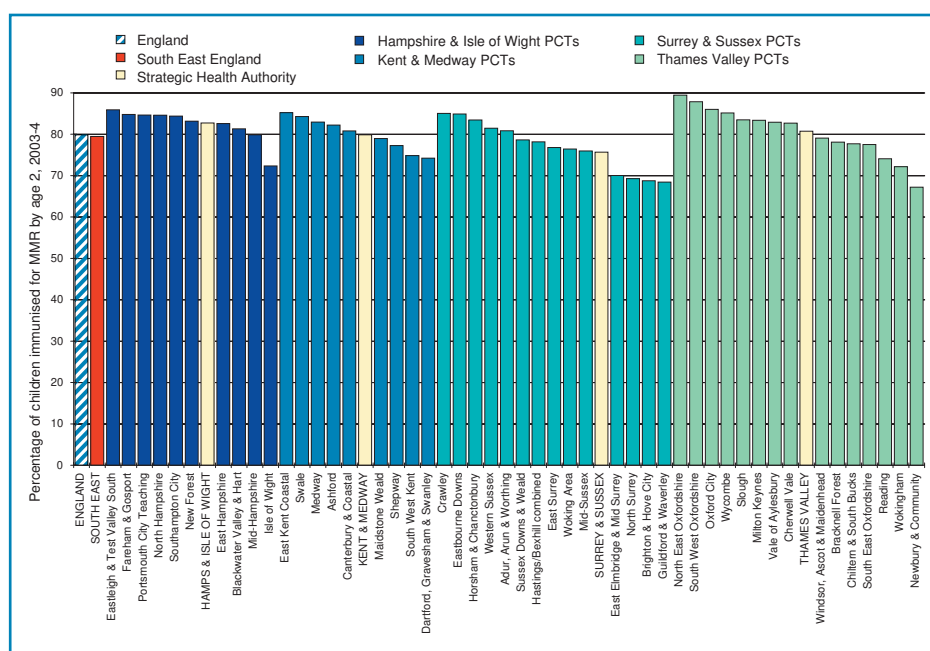
The distribution of coverage levels for MMR does not appear to be associated with deprivation: for both age groups, the correlation with the Office of the Deputy Prime Minister *Index of Multiple Deprivation 2004* for PCTs is less than 0.15.

Further reading

National Health Service. *Immunisation Information (website)*, n/d. www.immunisation.nhs.uk

Figure 7.1

Percentage of children immunised for MMR by age two by primary care trust, 2003-4



Source: Department of Health. *NHS Immunisation Statistics 2003-4*.

Key facts

Only 79.5 per cent of two year olds in the South East have been immunised for MMR

Under 80 per cent of two year olds have been immunised for MMR in 23 (46.9 per cent) of PCTs in the region

Related policies and targets

World Health Organisation recommended target:

- 95% immunisation coverage

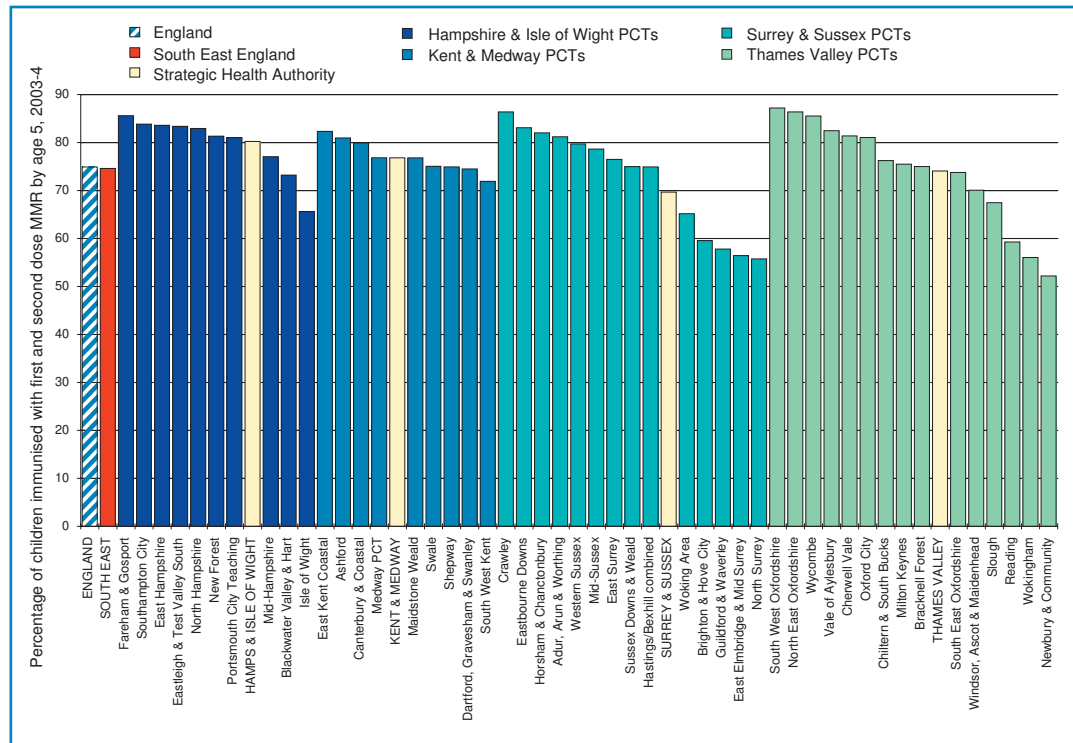
Related indicators

Basket Of Local Indicators 11.9:

- Percentage of children reaching their second birthday who were vaccinated against MMR

Percentage of children immunised with first and second dose MMR by age five by primary care trust, 2003-4

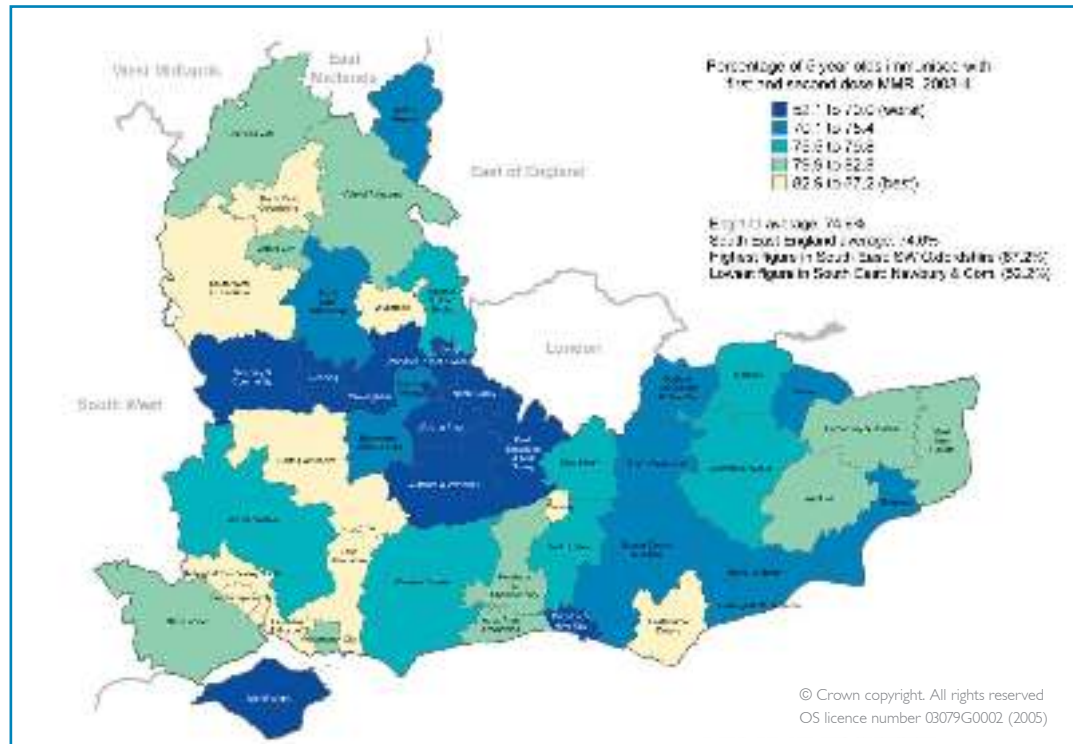
Figure 7.2



Source: Department of Health. NHS Immunisation Statistics 2003-4.

Distribution of percentage of children immunised with first and second dose MMR by age five by primary care trust, 2003-4

Figure 7.3



Source: Department of Health. NHS Immunisation Statistics 2003-4.

Distribution of limiting long-term illness rates for children and young people aged under 20 by local authority, 2001

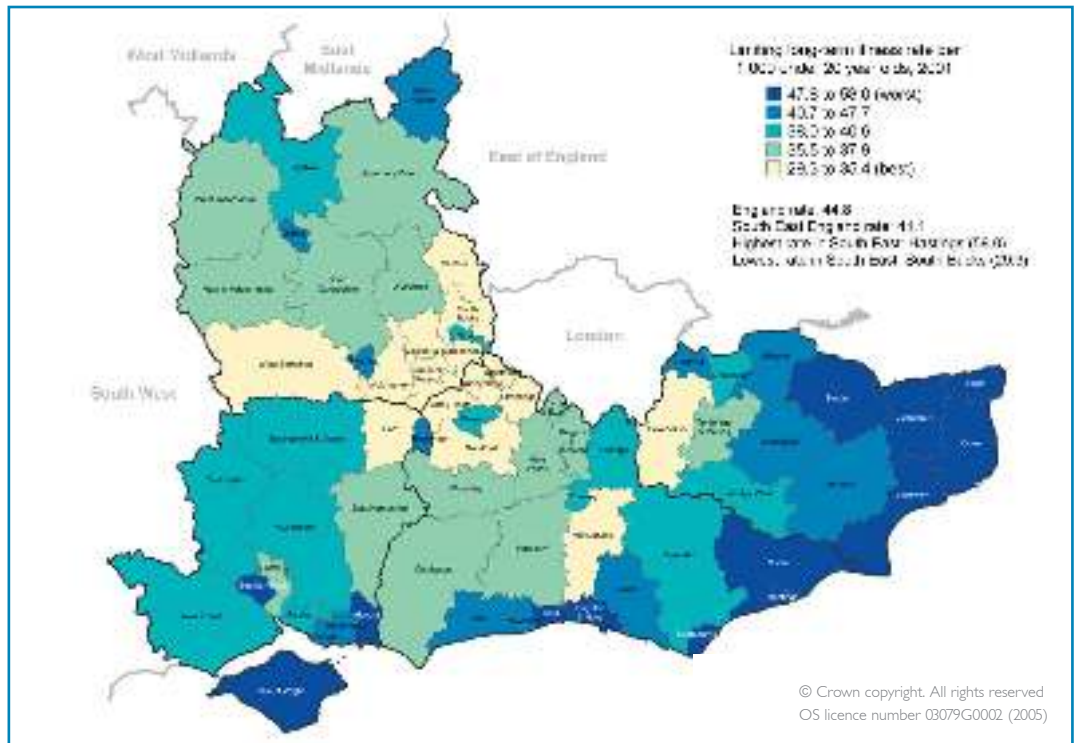
Figure 7.5

Key facts

Nearly 77,700 children and young people (4.0 per cent) in the South East suffer a limiting illness

Hastings has the highest limiting illness rate (58.0 per 1,000 under 20 year olds) and South Buckinghamshire (29.3) the lowest

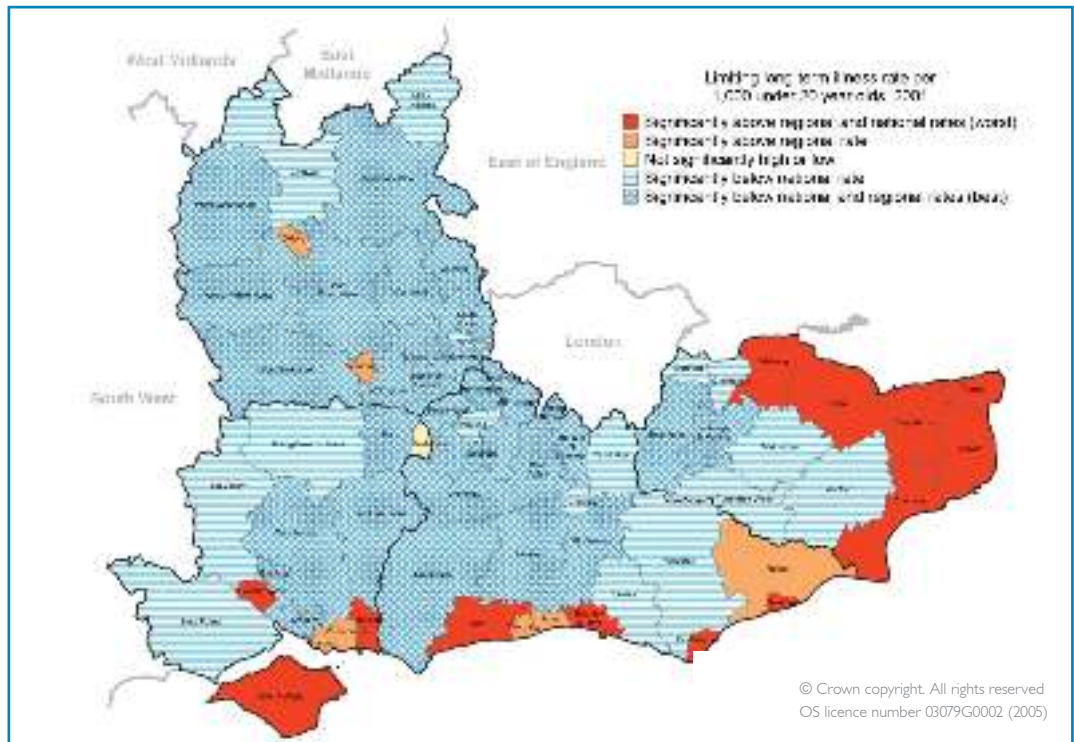
There is a very strong correlation between childhood limiting illness rates and deprivation (R=0.90)



Source: Office for National Statistics. 2001 Census.
Note: Map shows distribution of local authority rates by quintile across the South East.

Distribution of statistically significant limiting long-term illness rates for children and young people aged under 20 by local authority, 2001

Table 7.6



Source: Office for National Statistics. 2001 Census.
Note: Map shows distribution of statistically significant rates (at the 95 per cent level) across the South East.

7.3 Serious injuries among children and young people

Injury mortality

Deaths among children and young people in England are comparatively rare events, but the majority of those that occur are due to serious injury. Boys are at greater risk of death from injury than girls, and children and young people from poorer social groups are significantly more likely to die as a consequence of house fires, pedestrian injuries, falls and poisoning than those from affluent groups.

There are comparatively few deaths due to injury among those aged under 15 in the South East: during 2001 and 2002, there were a total of 62 deaths producing a mortality rate of 2.1 per 100,000 persons. This figure is significantly below the national rate of 3.0 deaths.

Among those aged 15 to 24, there were 290 injury deaths in the region over the same period. This figure equates to a mortality rate of 15.2 deaths per 100,000 persons, and is identical to the figure for England. Only in Hampshire & Isle of Wight was the mortality rate (9.1 deaths) significantly below the national and regional averages. Nearly half (33; 49.3 per cent) of the local authority areas in the South East have injury mortality rates above the national average, but the relatively small numbers involved mean that none of these figures is significantly high. The largest absolute number of deaths was in Medway where there were 13 deaths during 2001 and 2002; Wycombe was second highest with 12 deaths. In contrast, 39 (58.2 per cent) of the local authority areas had fewer than five deaths, and ten had rates significantly below the national and regional averages.

In terms of the specific causes of injury deaths, road traffic accidents account for a substantial proportion among those aged under 15. In 2002, there were 15 road accident deaths in the South East which is equivalent to roughly half of the average total number of deaths due to injuries in the region each year among that age group.

Between 1993 and 2002, the mortality rates for injury among children aged under 15 and young people aged 15 to 24 remained largely constant. For the latter group, the trend for the South East has mirrored the national pattern of relatively little change in the death rate. But for the under 15 group, the rate of improvement in the national rate has been rather more consistent than for the South East which has fluctuated from year to year (although at a level consistently below the national average).

Although national evidence indicates that children and young people from lower socio-economic groups are more likely to die from injury, at a local authority level in the South East there is virtually no correlation ($R=0.04$) between injury mortality rates for the 15 to 24 age group and deprivation. This does not necessarily mean, however, that the South East differs from the national pattern. Rather, it is likely that the relatively small numbers of deaths combined with the aggregate scale of analysis (that is to say, local authority level) conceal the likely individual-level associations between injury mortality and poverty.

Injury morbidity

Serious injury is one of the major causes of ill-health among children and young people in England. During 2002-3, 410 children aged under five and 700 five to 15 year olds were admitted to hospital (for a stay of four or more days) in the South East because of injury (it should be noted that this definition excludes the much greater number of less serious injuries presented to A&E departments or GP surgeries not requiring an extended hospital stay). While the rate for the region for the younger age group is not significantly different from the England average, the rate for the older group is significantly low (67.5 admissions per 100,000 persons compared with 84.1).

Unlike injury mortality, there is little difference in the injury morbidity rate between the four South East strategic health authority areas. At local authority level, only Isle of Wight had an admission rate significantly higher than the regional and national figures at 157.9; Southampton was significantly higher than the regional rate only at 118.9. A further 16 local authority areas (23.9 per cent of the total) had a higher rate than the national average, but the relatively small numbers involved meant that none of these differences were significant. In contrast, five areas had rates significantly lower than the regional and national figures; the lowest was Lewes at 16.9.

Between 1995-6 and 2002-3, both the national and regional rates for injury morbidity among the five to 14 age group fell significantly; the figure for the South East dropped by a third.

The correlation between injury morbidity and deprivation is greater than for injury mortality, but still relatively low at 0.46. Again, it is likely that the relatively small numbers involved and the aggregate level of analysis conceal an individual-level link with poverty. It is probable that these two factors also account for the low correlation ($R=0.11$) between injury mortality and injury morbidity in the South East.

Further reading

Health Development Agency. *Prevention and Reduction of Accidental Injury in Children and Older People*, 2003.
www.hda.nhs.uk/evidence/EBBD.html#pub

Transport 2000 Trust/Barnardo's. *Stop, Look and Listen: Children Talk About Traffic*, 2004.
www.barnardos.org.uk/resources/researchpublications/documents/traffic.pdf

Key facts

During 2001 and 2002 there were 62 deaths due to serious injury among those aged under 15, and 290 deaths among those aged 15 to 24

Related policies and targets

Department for Transport PSA target 5: Reduce the number of people killed or seriously injured in Great Britain in road accidents by 40 per cent and the number of children killed or seriously injured by 50 per cent, by 2010 compared with the average for 1994-8, tackling the significantly higher incidence in disadvantaged communities

Department of Health. *Saving Lives: Our Healthier Nation* White Paper: Reduce the rate of serious injury from accidents by at least one tenth by 2010

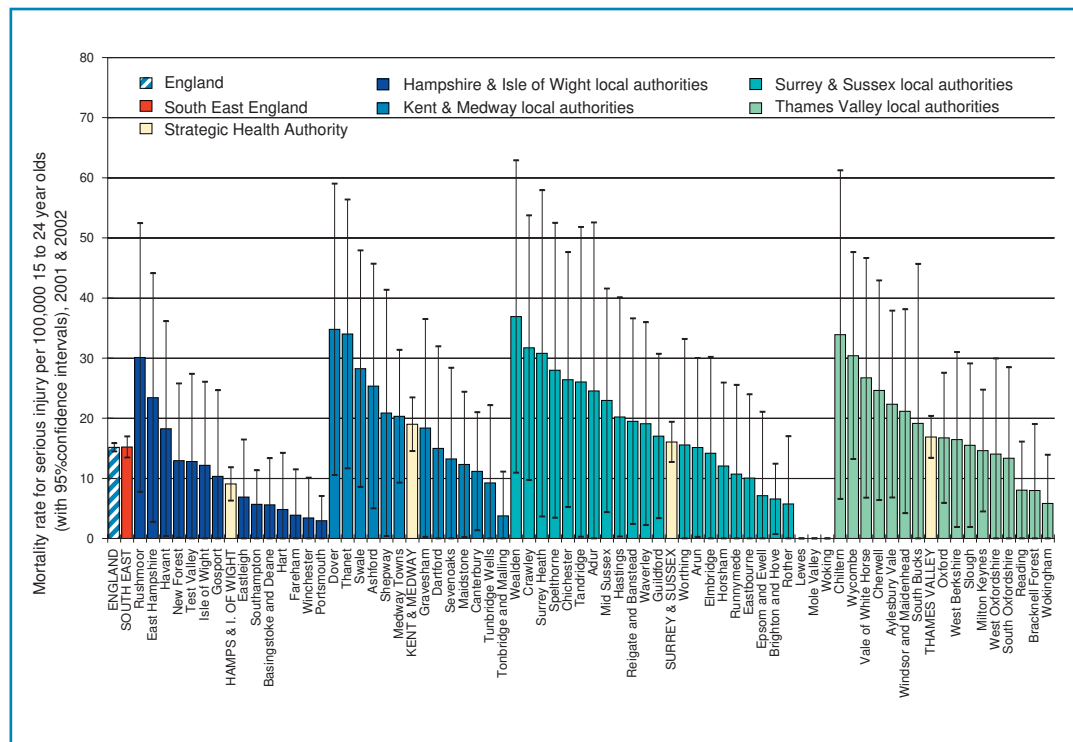
Related indicators

Basket Of Local Indicators 9.5: Directly age standardised hospital episode rates for serious accidental injury requiring a stay exceeding three days per 100,000 population

Basket Of Local Indicators 9.7: Directly age standardised mortality rate for accidents per 100,000 population

Serious injury mortality rate for children and young people aged 15 to 24 by local authority, 2001 & 2002 pooled

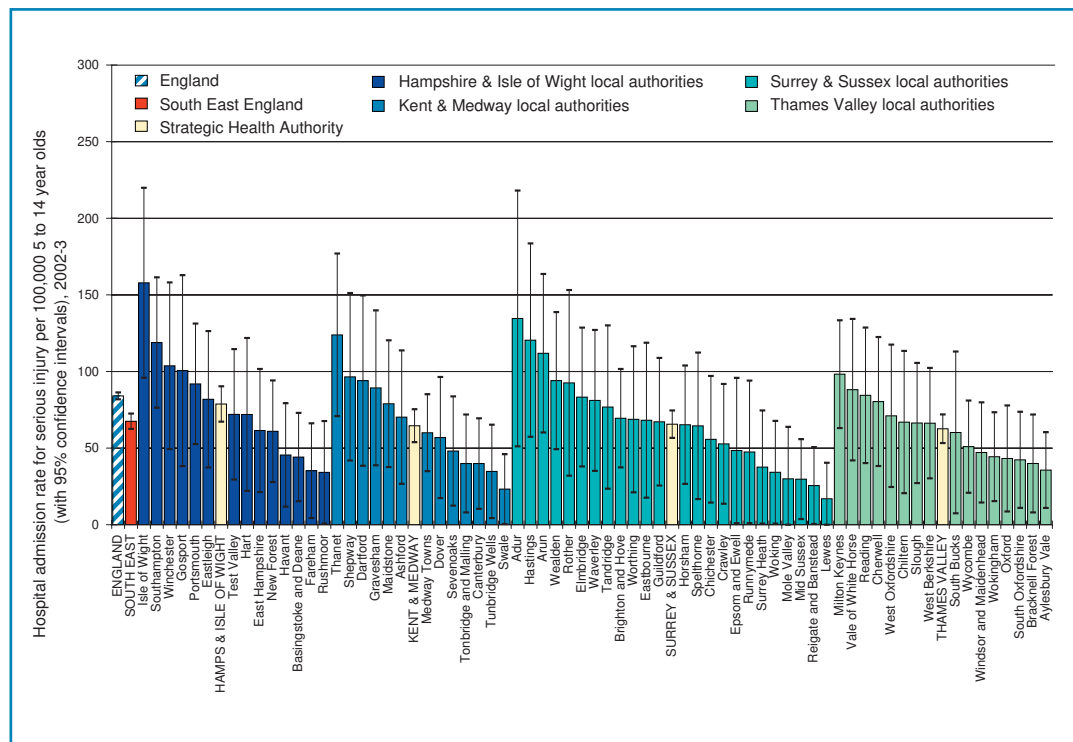
Figure 7.7



Source: Department of Health. *Compendium of Clinical and Health Indicators 2003 (Provisional)*.

Hospital admission rate due to serious injury for children and young people aged five to 14 by local authority, 2002-3

Figure 7.8



Source: Department of Health. *Compendium of Clinical and Health Indicators 2003 (Provisional)*.

Note: The relatively small numbers of cases that underlie both the injury mortality and morbidity measures mean that only a very small number of local authorities have rates that are significantly different from one another. Accordingly, quintile and significance distribution maps have not been presented for either measure as these may foster a misleading impression of the degree of difference that exists between local authority areas in the South East.

7.4 Low weight births

Low birthweight is associated with a wide range of health problems in both infancy and later life. It is the most important cause of perinatal mortality (deaths in the first week of life) and is closely associated with subsequent child growth and development issues. Women from poorer social backgrounds are one and a half times more likely to give birth to a low weight baby or suffer a perinatal death than those from other social groups. Amongst many other factors, low birthweight is associated with maternal smoking and high levels of alcohol consumption. A higher proportion of low weight births are also found in certain Black and Minority ethnic groups.

Between 1999 and 2001, there were an average of 6,400 low weight births each year in the South East which is equivalent to 7.0 per cent of all births and significantly lower than the proportion for England (7.9 per cent). Nine (13.4 per cent) of the 67 local authority areas in the South East have a low birthweight rate above the regional average and two – Slough (10.2 per cent; 190 low weight births) and Southampton (8.6 per cent; 210 births) – have a rate higher than the national figure. In contrast, 41 areas (61.2 per cent) have a rate significantly below the national average, and eight – including Waverley (5.4; 70 births), Chichester (5.6; 60 births) and Sevenoaks (5.6; 70 births) – have rates significantly below the regional figure.

Although the confidence intervals for many of the individual local authority low birthweight percentages overlap (in other words, are not significantly different from one another), the areas with the highest figures tend to be the more deprived parts of the South East: the correlation between low weight births and deprivation is 0.65.

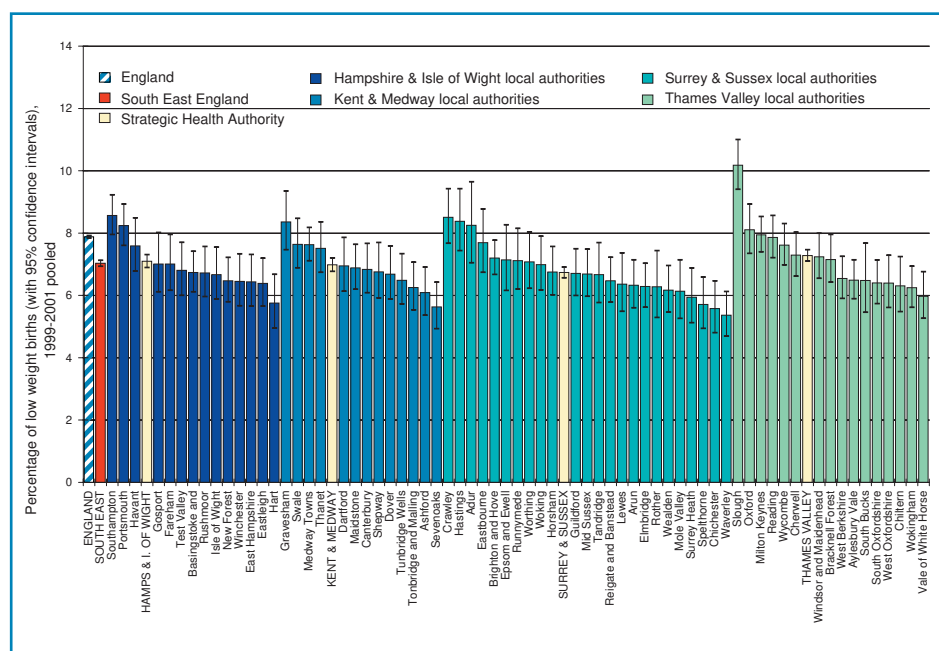
Further reading

Health Development Agency. *Prevention of Low Birth Weight: Assessing the Effectiveness of Smoking Cessation and Nutritional Interventions*, 2003.

www.hda.nhs.uk/evidence/EBBD.html#pub

Figure 7.9

Percentage of low weight births by local authority, 1999-2001 pooled



Source: Office for National Statistics. *Compendia of Clinical and Health Indicators 2000, 2001, 2002.*

Distribution of percentage of low weight births by local authority, 1999-2001 pooled

Figure 7.10

Key facts

On average, there are 6,400 low weight births – equivalent to 7.0 per cent of all births – in the South East each year

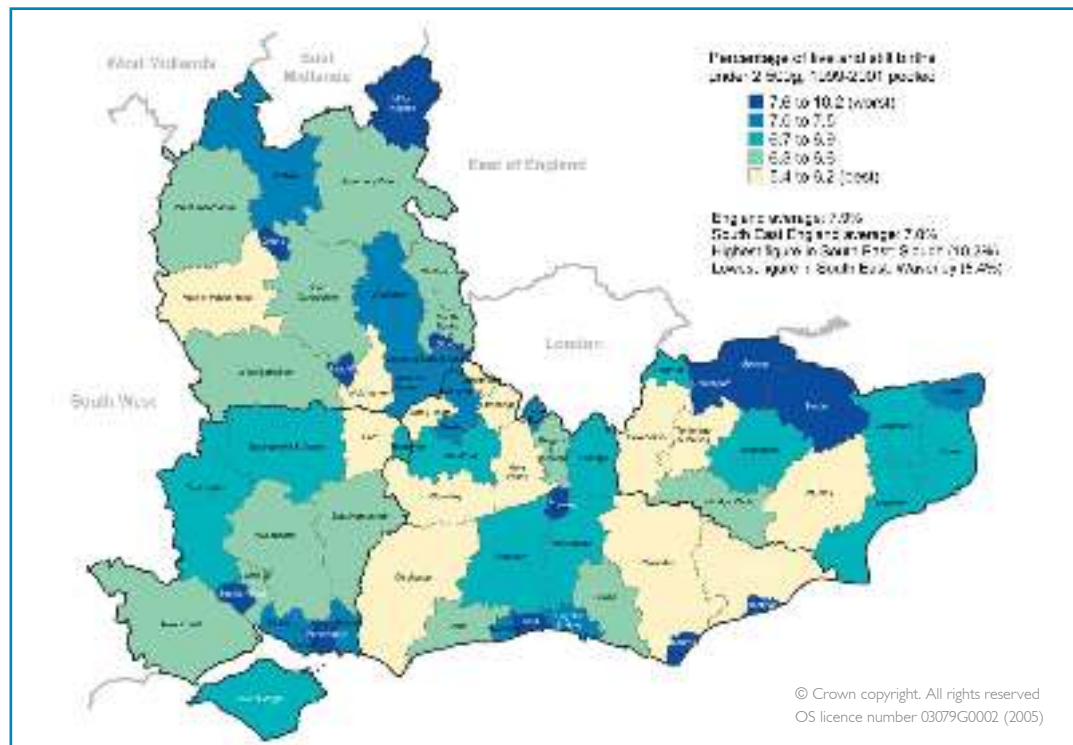
Slough has the highest figure at 10.4 per cent, and Waverley the lowest at 5.4 per cent

There is a clear correlation between the percentage of low weight births and deprivation in the South East (R=0.65)

Relevant indicators

Basket Of Local Indicators 11.2:

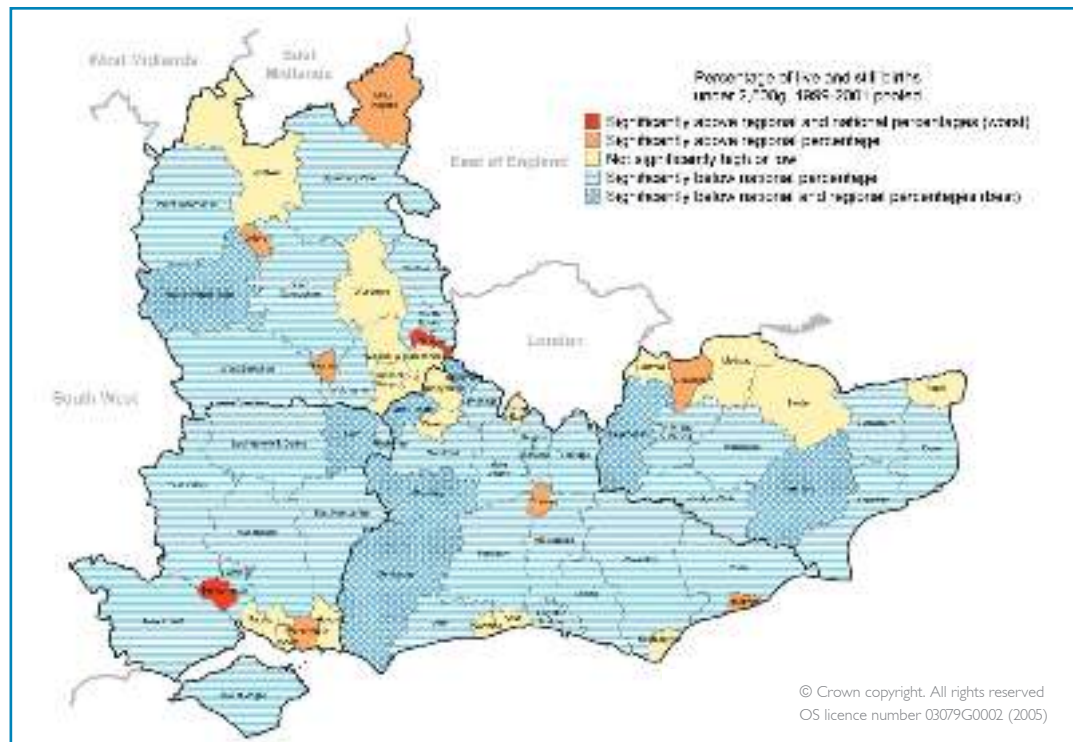
Proportion of total births with a birthweight less than 2,500 grams



Source: Office for National Statistics. *Compendia of Clinical and Health Indicators 2000, 2001, 2002.*
 Note: Map shows distribution of local authority rates by quintile across the South East.

Distribution of statistically significant low weight births by local authority, 1999-2001 pooled

Figure 7.11



Source: Office for National Statistics. *Compendia of Clinical and Health Indicators 2000, 2001, 2002.*
 Note: Map shows distribution of statistically significant rates (at the 95 per cent level) across the South East.

7.5 Infant deaths

The principal causes of deaths within the first year of life in England are congenital malformations, prematurity, sudden infant death syndrome and infections. Low birth weight, maternal smoking and social deprivation are all associated with increased risk of infant death.

Between 2000 and 2002, there were an average of 390 infant deaths each year in the South East producing an infant mortality rate of 4.4 per 1,000 live births. This rate is significantly lower than the average for England of 5.4 per 1,000 live births.

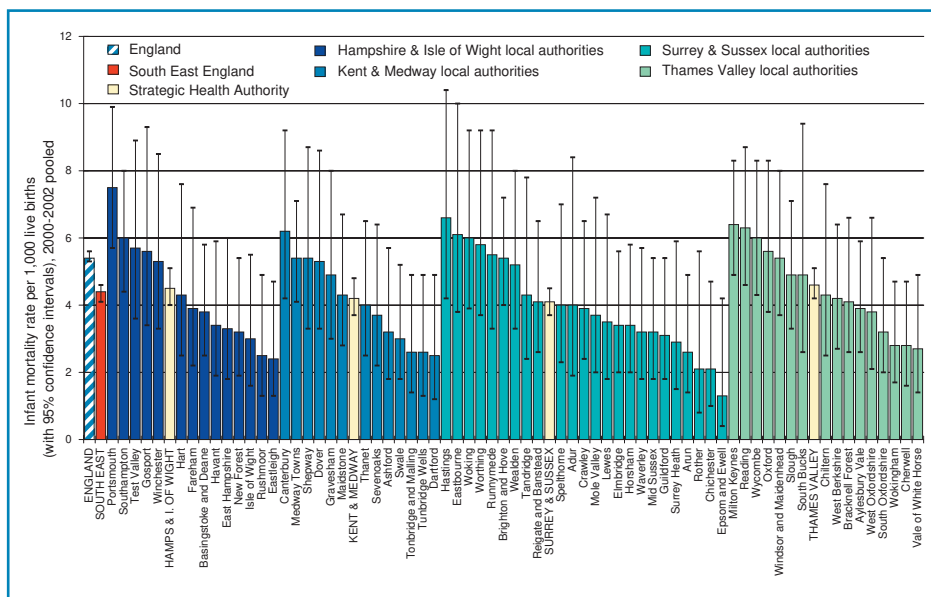
Although 18 local authority areas (26.9 per cent of the total) in the South East have an infant mortality rate equal to or greater than the national rate, the relatively small numbers involved mean that only the figure for Portsmouth (7.5 per 1,000 live births; 16 infant deaths per year) is significantly above the national average. Milton Keynes (6.4; 18 deaths) is the only other local authority with a rate significantly above the regional average. In contrast, 12 (17.9 per cent) areas in the South East have an infant mortality rate significantly below the figure for England; the lowest rates are in Epsom & Ewell (1.3), Chichester and Rother (both 2.1; all three areas under five deaths).

The low infant mortality rate for the South East reflects the generally good health and relative affluence of the population in the region, and has been relatively static in recent years. Infant deaths are relatively rare events and as a consequence, the small numbers involved mean that most local authority areas tend not to have rates that differ significantly from one another. Indeed, comparatively small changes in the number of deaths can have a considerable impact on the rate for an area so the local authority figures and ranks should be interpreted with a degree of caution.

As with other indicators of childhood morbidity and mortality, the small numbers involved and the aggregate scale of local authority based analysis can conceal the individual-level associations between infant mortality and poverty. Across the South East, the correlation between the two measures is 0.4: in other words, there is moderate tendency for those areas with the highest levels of infant mortality to also be the most deprived.

Figure 7.12

Infant mortality rates by local authority, 2000-2002 pooled



Source: Office for National Statistics. *Compendium of Clinical and Health Indicators 2003 (Provisional)*.

Key facts

There are an average of 390 infant deaths in the South East each year

Relevant policies and targets

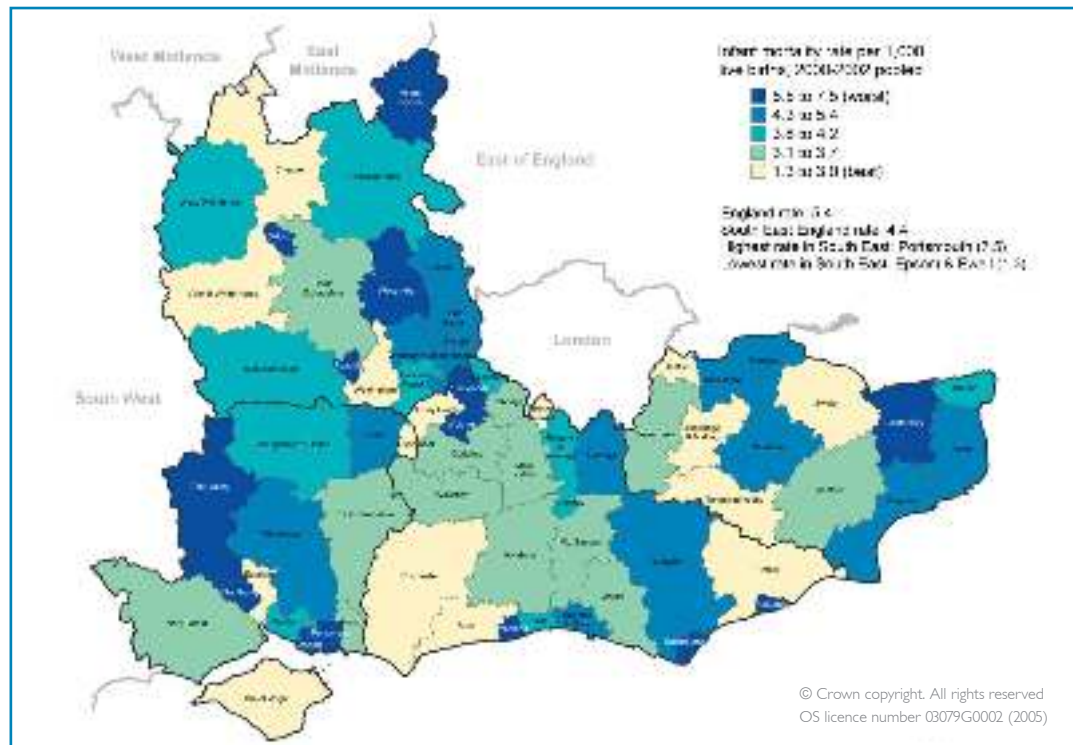
Department of Health PSA target 2:
By 2010 to reduce inequalities in health outcomes by ten per cent as measured by infant mortality and life expectancy

Relevant indicators

Basket Of Local Indicators 11.3:
Infant mortality rate (three year rate)

Distribution of infant mortality rates by local authority, 2000-2002 pooled

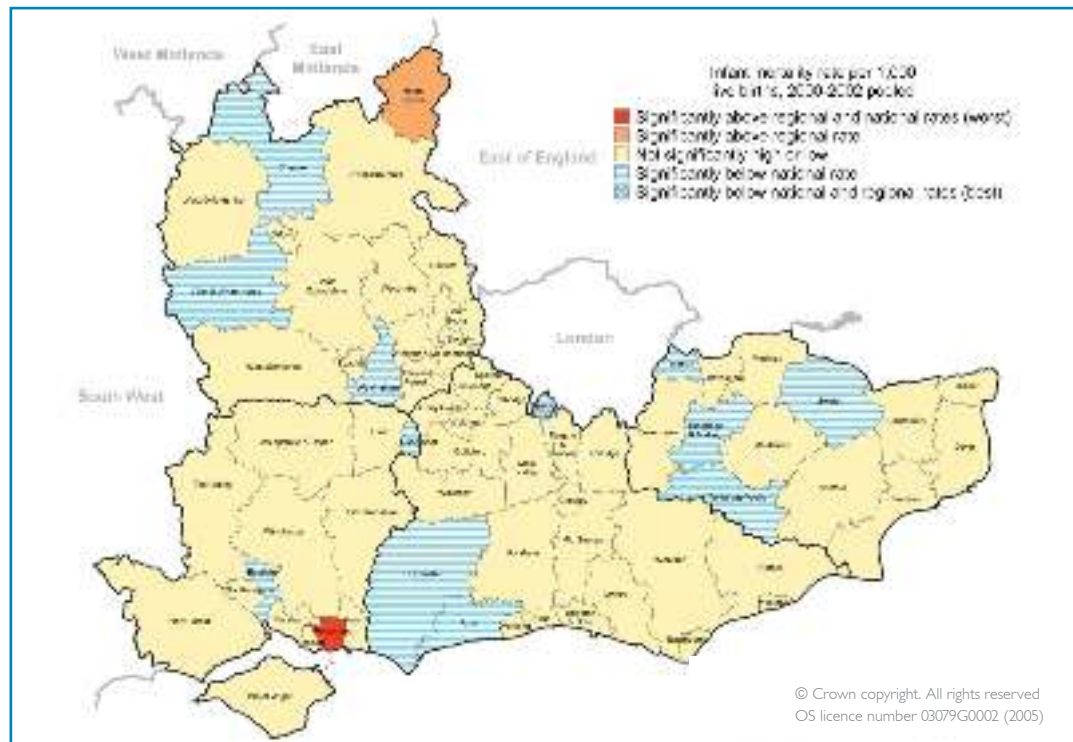
Figure 7.13



Source: Office for National Statistics. *Compendium of Clinical and Health Indicators 2003 (Provisional)*.
Note: Map shows distribution of local authority rates by quintile across the South East.

Distribution of statistically significant infant mortality rates by local authority, 2000-2002 pooled

Figure 7.14



Source: Office for National Statistics. *Compendium of Clinical and Health Indicators 2003 (Provisional)*.
Note: Map shows distribution of statistically significant rates (at the 95 per cent level) across the South East.

Chapter 8

Policies and initiatives aimed at improving the health and well-being of children and young people

Inequalities in health and economic status begin in childhood. Previous chapters have outlined variations on a number of indicators related to children and young people in the South East. This section lists the main policies and programmes that are aimed at improving the outcomes for children and young people and where possible how they are being implemented in the region. It is not intended to represent a comprehensive account of all governmental policies related to children and young people.

8.1	Every Child Matters	65
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8.1 Every Child Matters

One of the major planks in policy was the publication in 2003 of the Green Paper *Every Child Matters* setting out the vision for children for consultation. This was followed in March 2004 by *Next Steps* detailing the responses to the consultation and introducing the Children Bill.

The vision set out in *Every Child Matters* incorporates five outcomes which are important to all children and young people:

- enjoying good physical and mental health, and living a healthy lifestyle
- staying safe, protection from harm and neglect, and being able to look after themselves
- enjoying and achieving, getting the most out of life and developing broad skills for adulthood
- making a positive contribution to society and not engaging in antisocial behaviour
- achieving economic well-being.

It sets out a framework that covers the full scope of services for children and young people, building on existing initiatives and introducing new policy. The Children Bill places a duty on agencies to work together to deliver common outcomes for

children. It focuses on:

- clear shared outcomes across services embedded in legislation
- an independent champion for children
- the development of more robust local partnerships
- reforms to safeguard children
- commissioning children's services and the development of children's trusts
- the establishment in local education authorities of a director of children's services with responsibility for education and children's social services
- a lead council member for children
- an integrated inspection framework
- intervention powers
- sharing information.

Supporting this will be a whole system of change, workforce development and building capacity on information sharing and common assessment.

8.2 National Service Framework for Children, Young People and Maternity Services

The National Service Framework (NSF) for Children, Young People and Maternity Services was published in September 2004. The NSF is a ten year strategy that provides an outstanding opportunity to improve the lives and well-being of children and young people by establishing clear standards for promoting health and providing high quality services.

The NSF includes a total of 11 standards. The first five are core standards that apply to all children and young people; the next six apply to specific services or circumstances. The NSF standards are:

- promoting health and well-being, identifying needs and intervening early
- supporting parents
- child, young person and family-centred services
- growing up into adulthood
- safeguarding and promoting the welfare of children and young people
- children and young people who are ill
- children and young people in hospital
- disabled children and young people and those with complex needs
- mental health and psychological well-being of children and young people

- medicines for children and young people
- maternity services.

The standards require services to:

- give children, young people and parents increased information, power and choice over the support and treatment they receive, and involve them in planning their care and services
- introduce a new health promotion programme designed to promote the health of children from pre-birth to adulthood
- promote physical health, mental health and emotional well-being by encouraging children and families to develop healthy lifestyles
- focus on early intervention based on timely and comprehensive assessment
- improve access to services for all children according to their needs particularly by co-locating services and developing managed local children's clinical networks for children who are ill or injured
- tackle health inequalities, addressing the particular needs of children and families who are likely to achieve poor outcomes

- promote and safeguard the welfare of children to ensure all staff are suitably trained and aware of action to take if they have concerns about a child's welfare
- ensure that pregnant women receive high quality care throughout their pregnancy, have a normal child birth wherever possible and are involved in decisions about what is best for them and have choices about how and where they give birth.

An implementation plan for the NSF has been published and will build on existing work and be closely aligned to the implementation of *Every Child Matters*.

8.3 Child and Adolescent Mental Health Services

The development of child and adolescent mental health services (CAMHS) is an important priority. There is an ongoing commitment to improve the life chances of children with mental health problems by ensuring that those who need them have access to crisis services by 2005, and a comprehensive child and adolescent service by 2006. There has been extra investment in

this service and two regional development workers have been appointed in the South East to facilitate service improvement. A major area of development in the region will be the support to local CAMHS partnerships and the development of more robust needs assessments.

8.4 Education

The link between educational attainment and health is well established. Current variations in educational attainment by local authorities are shown in chapter four. Educational achievement and childcare provision are improving, but problems remain. The Department for Education and Skills has published a five year strategy for children and learners which trails improved secondary schools with more flexibility and choice, a much wider choice for young people from age 14, and every adult to be able to get the skills they need to obtain good jobs.

The opportunity to improve health through every area of school life was emphasised in the Healthy Living Blueprint published by the Secretary of State for Education in September 2004. The objectives in the Blueprint promote a whole school approach,

an environment conducive to healthy living and full use of the curriculum to enable understanding of healthy lifestyles including:

- food and drink in schools
- school sport and physical activity
- behaviours which affect lifelong health.

The five year strategy and the Healthy Living Blueprint state that every school should be a healthy school - the national healthy schools programme is central to this vision (see chapter nine).

8.5 Children's Trusts

The development of Children's Trusts will result in new ways of working and delivering services to children and young people. This will be achieved through keeping the focus on securing more effective outcomes for children, young people and their parents/carers, integrated front-line delivery, processes and strategy (including joint commissioning), and robust inter-agency governance.

Trusts may include the local education authority, children's social services, Connexions, children's centres and certain health

services. Children's Trusts will be based in local government areas but will engage a number of partners. The main aim is to ensure that children and their parents get better co-ordinated services geared to meeting individual needs rather than being centred on organisational structures. Since 2003, five pathfinder trusts are being developed in Brighton & Hove, Hampshire, Portsmouth, West Sussex and Wokingham.

8.6 Sure Start

Launched in 1999-2000, the aim of the Sure Start initiative is to improve the health and well-being of families and children aged four and under in specifically identified deprived geographical areas. In particular, Sure Start aims to:

- improve social and emotional development, including early identification of support for children with emotional and behavioural difficulties
- improve health, including reducing the proportion of mothers who smoke in pregnancy
- improve the ability of children to learn, for example, by access to good quality childcare so that they are ready to benefit from formal education
- strengthen communities by involving families in building the capacity of the community to sustain the local programme
- improve availability, accessibility, affordability and quality of childcare.

Local Sure Start programmes were rolled out in six rounds over three years. There are 33 local programmes in the South East, together with some additional small-scale programmes (mini-Sure Starts).

In the South East, a total of 24,000 children (5.2 per cent of the total) aged under five are within the catchment areas of local programmes. Individual programmes vary in size from 400 to 1,200 children aged under five, the average being about 620. Sure Start local programmes aim to reach their target communities, and are making sustained efforts to do so. Midwives and health visitors are key to facilitating the initial access to programmes.

Sure Start is subject to a major national evaluation. Initial reports confirmed that Sure Start local programmes were focused on areas of significant deprivation. Table 8.1 shows selected measures for programmes in the first four rounds in the South East and nationally.

The Sure Start local programmes are incorporated into the drive to improve the provision of services for children aged under six in all areas through the development of Children's Centres by local authorities.

Table 8.1

Selected measures for Sure Start local programme (SSLP) areas, rounds 1 to 4, June 2003 and 2004

Measure	SSLP rounds 1-4 South East	All SSLP rounds 1-4	England average (2001) (or South East average)
Percentage of households owner occupied	50.0	48.0	74.0 (South East)
Percentage council rented	24.0	29.0	7.0 (South East)
Percentage social rented	10.0	10.0	7.0 (South East)
Percentage of children aged under five in workless households	42.0	43.0	22.0
Percentage of residents with no educational qualifications	35.0	41.0	29.0
Birth rate per 1,000 women aged 15-44	4.6	15.6	12.0
Percentage of births to lone mothers	22.0	25.0	15.0
Percentage of births to mothers aged under 18	4.3	4.2	2.2
Percentage of low birth weight (<2,500g) babies	8.7	9.3	7.9
Neonatal mortality rate per 1,000 live births	3.8	4.7	4.0
Infant mortality per 1,000 live births	5.9	7.3	5.0
Rates of hospital admission for severe injury per 1,000 children aged under three	13.6	14.9	8.0

Source: Department for Education and Skills. *Sure Start National Evaluation: Characteristics of Local Sure Start Programme Areas, Rounds 1 to 4, June 2003 and 2004.*

8.7 Children's Centres

Children's Centres are a major policy development and mainstreaming vehicle for Sure Start local programmes. The Centres are being established initially in the most disadvantaged 20 per cent of wards and will build on existing provision in Sure Start programmes, neighbourhood nurseries, family centres and early excellence centres to provide a one-stop source of early education, certain health services, childcare and family support. There is an expectation that there will be 2,500 Centres nationally by 2008. This will be a key part of the development of preventative strategies aimed at reducing the risk of adverse effects for children.

All Children's Centres will offer the following core services:

- early education integrated with childcare
- family support and outreach to parents
- child and family health services.

Centres will also act as a base for childcare networks, out of school clubs and extended schools where appropriate. Fifteen upper tier unitary authorities (those with wards in the 20 per cent most deprived) in the South East have plans for the development of Children's Centres giving a total of over 90 centres in the South East to be developed between 2004 and 2006.

8.8 Children's Fund

Launched in 2001-2, the Children's Fund is now confirmed until 2007-8. The aim of the initiative is to prevent children and their families suffering the consequences of poverty by focusing on preventive work which identifies families before children come into crisis. The focus is children aged five to 13 years.

The Children's Fund aims to:

- improve school attendance and educational performance in children aged five to 13
- reduce crime in children aged ten to 13 and ensure that fewer children are victims of crime
- reduce health inequalities
- involve families in building the capacity of the local programme.

Every top tier and unitary local authority in the South East has a Children's Fund allocation. Children's Fund partnerships have flexibility in how this fund is utilised within the overall objectives and local authorities and Primary Care Trusts are expected to work together on plans. A wide variety of initiatives and service programmes have emerged including many projects delivered by the voluntary sector.

One important objective of the Children's Fund is reduction of youth crime and antisocial behaviour and joint work with young offending teams. The expectation is that this fund will be mainstreamed through Children's Trusts.

8.9 Extended schools

This initiative aims to support schools to provide a wider range of family and community services on the school site for the benefit of pupils, their families and the wider community. Extended schools will offer services which might include health and social care, childcare, after-school and holiday clubs, study support, youth services and adult education.

Pathfinder projects have been set up in 25 LEAs to test out the approach and generate examples of good practice. By 2006, all

LEAs are expected to have at least one full service extended school funded by the Department for Education and Skills (DfES). In the South East, the Big Lottery extended schools programme is funding extended school activities in 11 local authorities who are expected to have DfES funding for only one full service extended school.

8.10 Connexions

The Connexions Service, launched by the Department for Education and Skills (DfES) in 2001, is the government's support service for all young people aged 13 to 19 in England. The service provides integrated advice, guidance and access to personal development opportunities for this group to help them make a smooth transition to adulthood and working life. The continued success of Connexions depends on the involvement of young people, as listening to and taking account of their views in the delivery of Connexions is essential.

Multi-agency working is integral to achieving a universal and comprehensive service for young people. Partnership is reflected throughout the strategy and organisational structures underpinning the Connexions service. The service is managed through six Connexions partnerships based within Learning and Skills Council (LSC) boundaries. The partnership boards are small strategic bodies typically made up of chairs of local management committees, a representative of the local LSC, and representatives from the private and voluntary services. Partnership delivery plans are required to optimise the mix of public, private and voluntary service delivery, again emphasising the need for multi-agency working.

In the South East the six Connexions partnerships are monitored and supported by the Government Office for the South East on behalf of DfES. There are 1,085 full time equivalent personal

advisers in the region who together with other front line delivery staff offering advice and guidance to young people. By encouraging them to stay in education and training until 19, it is hoped to reduce the social costs of youth unemployment, poor physical health and criminal behaviour amongst young people.

In a relatively short period of time the Connexions service in the South East has made significant progress towards reducing the proportion of young people not in education, employment or training (NEET). Nationally, the South East has the lowest NEET figures (as at March 2005) and the highest number of young people in education. In addition, figures for the other key targets set by DfES show the six South East partnerships in a very positive light.

The Connexions national evaluation strategy stakeholder survey produced some very encouraging and interesting responses for South East partnerships. The overwhelming majority (93 per cent) of stakeholders in the South East regarded the objectives of the partnerships as being consistent with those of their own organisation. Stakeholders were also asked to say whether a number of aspects of services had got better, worse or stayed the same since partnerships were established. As an example, the biggest improvement was reported in targeting of resources at young people in most need: three-quarters of stakeholders mentioned this compared with two-thirds nationally.

Table 8.2

Selected measures for the Connexions service, March 2005

Measure	England	South East	South East rank
Percentage of young people whose education/training situation not known	7.1	5.2	Lowest in England
Percentage of teenage mothers known to Connexions in education, employment or training	19.7	22.1	Third highest in England
Percentage of young people with special educational needs or disability in education, employment or training	74.1	82.0	Highest in England
Percentage of 19 year old care leavers in education, employment or training	46.6	54.1	Second highest in England

Source: Department for Education and Skills. *Connexions Performance Management Database*.
Note: All proportions relate to young people known to the Connexions service.

8.11 Positive Activities for Young People

Launched in 2003, Positive Activities for Young People (PAYP) is aimed at engaging children and young people aged eight to 19 in holiday programmes and personal development opportunities. PAYP provides a broad range of challenging and purposeful activities that aim to divert children and young people who may be at risk of committing crime, as victims of community tension, or of educational failure, into high quality arts, sports, music and cultural activities and personal development opportunities during each school holiday.

Key workers – funded through extra grants to Connexions partnerships – closely support the most vulnerable participants all year round. Government Offices for the Regions have agreed priority areas where PAYP will run.

PAYP is delivered through a network of lead delivery agents comprising Connexions partnerships, youth services and youth offending teams who are responsible for:

- working with the Government Office for the South East to identify the most needy geographical areas throughout the region

- working with key partners to identify the most at risk young people suitable for involvement in PAYP
- identifying and contracting with delivery partners to develop and deliver high quality sports, arts and cultural activities and personal development opportunities in each holiday period
- ensuring that the most vulnerable children and young people have on-going, year-round access to a key worker who encourages and supports children's and young people's access to mainstream services
- monitoring the on-going impact of PAYP with children and young people.

An independent, national evaluation of PAYP is being carried out. Initial evaluation findings from summer 2003 show the programme is already making a demonstrable impact on youth crime and community cohesion and has positively engaged hard to reach children and young people. In the South East, there are PAYP programmes in many towns and districts with over 5,500 young people participating since April 2004.

8.12 Transforming youth work

In 2002, the Transforming Youth Work Development Fund was launched, providing local authority youth services with additional funding. Ten million pounds a year was pledged by the government for three financial years starting in 2003-4. The document *Transforming Youth Work: Resourcing Excellent Youth Services* sets out specifications and what the government expects local authorities to provide through their strategic leadership role.

Key aims of the development fund in 2004-5 are to:

- support the implementation of the youth service
- build capacity within the voluntary sector
- introduce innovative and imaginative projects, in particular around cultural diversity
- promote community cohesion and reduction of youth crime and anti-social behaviour
- continue to bring youth services into closer engagement with Connexions.

8.13 Drug prevention programmes

Success for the National Drug Strategy means preventing today's young people from becoming tomorrow's problematic drug users. All controlled drugs are dangerous and for children and young people in particular, drugs can impact on their education, their relationships with family and friends, and prevent them from reaching their full potential. But drug misuse does not occur in isolation. It is associated with other problems such as the misuse of other substances (for example alcohol and tobacco), youth offending, truancy and school exclusion, family problems, and living in crime-ridden deprived communities. This means that all agencies, whether they be schools, youth offending teams or social services departments, need to work together to solve the whole problem.

To drive forward the integration of young people's substance misuse services within the wider provision of services for young people, a pooled budget simplifying the way these services are funded was introduced in April 2004. The Young People's Substance Misuse Partnership Grant must be used, along with other mainstream funding, for the local delivery of the young people aim of the National Drug Strategy.

Partnerships should provide a comprehensive range of services for young people and their parents and carers, encompassing the following areas:

- treatment provision for young people
- joint planning, commissioning and delivery of young people's substance misuse services.
- universal drugs education
- targeted education, early intervention and prevention
- youth offending team named substance misuse workers

Local performance is measured by the Government Office for the South East drug team against targets set against three key performance indicators:

- the number of schools assessed as level three against the National Healthy Schools Standard, expressed as a percentage of all schools including pupil referral units
- number of vulnerable young people receiving targeted drug education via agency, including harm reduction information, as a percentage of all young people in agency
- the number of young people receiving early intervention and treatment.

In addition, all young people seen by youth offending teams are screened for substance misuse. Those with identified needs receive appropriate specialist assessment within five working days, and following assessment access the early intervention and treatment service they require within ten working days.

Following the developing structural change signalled in *Every Child Matters*, partnerships are expected to move towards integrating young people's substance misuse services and commissioning within the wider provision of children's services.

Chapter 9

Policies and initiatives aimed at addressing lifestyle factors affecting children and young people

Lifestyle issues and the prevention of serious diseases are at the centre of current health policy debate. Rising levels of obesity, sexually transmitted diseases and alcohol related harm repeatedly draw attention to the need for public health interventions to provide early learning on healthy lifestyles in the belief that healthier behaviours established in the young will be carried into adult life.

Health behaviours are influenced by many factors including family and parents, the media, peer pressure, schools and wider societal factors and action at all of these levels will be required to achieve change.

Chapter Five gives an overview of lifestyle factors in children and young people in the South East and this chapter sets out briefly certain interventions aimed at reducing inequalities.

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9.1 Tobacco

Quitting smoking is one of the most important factors in improving health. The White Paper *Smoking Kills*, launched in 1998, set the overall policy agenda on tobacco policy. This included a target to reduce smoking amongst 11 to 15 year olds from 13 per cent to nine per cent by 2010. Over four-fifths of smokers take up the habit as teenagers (Office for National Statistics. *Living in Britain: Results from the 1996 General Household Survey*, 1998). Those who start smoking early, for example at age 15, are three times more likely to die of lung cancer than those who take up the habit in their mid 20s (Doll R and Peto R. *Journal of the National Cancer Institute* 1981; 66: 1191-1308). *Tackling Health Inequalities – A Programme for Action* sets out the government's plan to reach the national health inequalities target set for 2010 highlighting the continuing need to reduce levels of smoking in disadvantaged groups along with other risk factors for coronary heart disease and cancer. Pregnant women and teenage mothers are specific target groups.

A tobacco control strategy for the South East is currently being developed which will describe how the region will deliver the six

strands of the Department of Health action plan. This includes smoking reduction in young people and pregnant women as two of the priority groups.

Targeting is important in matching interventions to the often complex motivations of young smokers. Initiatives such as supporting schools, college communities (pupils, staff, governors and parents) and youth centres on policy development, effective teaching strategies and resources have been shown to be effective. Offering direct support to young people in schools, colleges and youth centres who wish to stop smoking through the establishment and running of stop smoking groups is also a positive intervention. Much of this important work in school is provided through the Healthy Schools programme.

Initiatives for pregnant women include offering direct training in brief intervention strategies to midwives and primary care staff who have contact with this group of women, and offering direct support to pregnant women who wish to stop smoking.

9.2 5-A-Day and School Fruit and Vegetable Scheme

There are three 5-A-Day community initiatives in the South East (located in East Hampshire, East Kent and East Sussex) developing ways to increase fruit and vegetable consumption in areas of deprivation, for example by using local food cooperatives, discounted fruit schemes, breakfast and luncheon clubs, and community cafes.

The School Fruit and Vegetable Scheme is also a part of the 5-A-Day programme. It represents a major initiative in improving nutrition in children. All four to six year olds in local authority primary schools will receive a free piece of fruit each day under this scheme. Fruit provided includes apples, pears, bananas, easy

peel citrus, carrots and cherry tomatoes. This has now been rolled out across the whole South East.

The Food in Schools programme supports good practice in developing healthy eating initiatives in schools including breakfast clubs, tuck shops and healthy lunchboxes in addition to the development of standards for school meals set by the Department for Education and Skills and the Food Standards Agency. The programme will support the Healthy Living Blueprint.

9.3 Healthy Schools

The National Healthy Schools Standard (NHSS) was established in 1999 and is sponsored by the Department of Health and Department for Education and Skills to:

- raise standards through school improvement
- reduce health inequalities
- promote social inclusion.

The NHSS includes a number of health themes including promoting emotional health and well being, healthy eating, promoting physical activity, and sex and relationship education. The national target is to have all schools with 20 per cent of pupils eligible for free school meals achieving level three of the standard by 2006.

At local level, NHSS has accredited partnerships between local education authorities and Primary Care Trusts that engage other agencies working with children and young people in the South East. The criteria for level three are:

- inequalities and inclusion are being addressed
- continuing professional development of staff
- sex and relationship education is delivered in line with requirements on the national curriculum
- pupil participation
- the whole school community engages in policy development (including governors, teachers, pupils and parents)
- an effective learning environment for the personal social and health education curriculum.

There is flexibility in the programme. The themes adopted by the school reflect locally agreed priorities. Every school at level three must have a policy on drugs, smoking, and sex and relationship education. At present healthy eating is not mandatory but this will shortly be included.

Early education research has confirmed the potential of the programme for reducing health inequalities through action in schools. The programme is reflected in policy for children, for example the National Service Framework and *Every Child Matters*.

Participation in Healthy Schools by local education authority, January 2005

Table 9.1

Local Education Authority	All schools in Local Education Authority			Target schools in LEA (with 20% of pupils eligible for free school meals)		
	Number of schools	Number involved in Healthy Schools	Percentage of participating schools achieving Level 3	Number of schools	Number involved in Healthy Schools	Percentage of participating schools achieving Level 3
Bracknell Forest	39	39	92.3	2	2	100.0
Brighton & Hove	76	29	-	31	11	-
Buckinghamshire	245	102	17.6	33	21	14.3
East Sussex	198	42	-	43	18	-
Hampshire	545	386	66.3	81	65	61.5
Isle of Wight	73	73	65.8	27	27	48.1
Kent	625	264	36.4	130	77	27.3
Medway	118	84	57.1	22	18	50.0
Milton Keynes	106	76	30.3	31	26	30.8
Oxfordshire	291	75	48.0	27	9	33.3
Portsmouth	75	69	30.4	29	28	25.0
Reading	51	51	72.5	27	25	68.0
Slough	47	47	85.1	19	19	78.9
Southampton	87	60	35.0	48	33	42.4
Surrey	418	188	29.3	36	18	33.3
West Berkshire	86	59	52.5	3	3	33.3
West Sussex	303	284	44.7	15	14	42.9
Windsor & Maidenhead	63	58	46.6	4	4	25.0
Wokingham	67	49	71.4	0	-	-

Source: National Healthy Schools Standard South East Database.

9.4 Increasing active lifestyles

Rising levels of obesity and increasingly sedentary lifestyles are both areas of concern for the future health prospects of children and young people in the South East. Active lifestyles provide not only protection against the major killer diseases, but also promote better mental health and greater confidence in young people.

With as many as three out of ten boys and four out of ten girls not achieving the recommended hour of physical activity a day, related ill health is likely to increase unless we reverse the trend. Sport England and the South East Public Health Group based in the Government Office for the South East have developed a regional framework for action entitled *Move It* to promote active lifestyles across the region.

The *Move It* programme supports Sport England's target to increase participation in sport by one per cent year on year and the Chief Medical Officer for England's target of 30 minutes of moderate intensity activity at least five times a week. It also supports the Department for Education and Skills Healthy Living Blueprint target of achieving two hours of high quality physical activity and school sport each week.

Local, multi-agency physical activity alliances will also co-ordinate existing activity and promote new efforts to help local populations become more active either through sport, active recreation or simply more active lifestyles.



GOVERNMENT OFFICE
FOR THE SOUTH EAST



South East England
Public Health Observatory

Government Office for the South East
Bridge House
1 Walnut Tree Close
Guildford
Surrey
GU1 4GA

Tel: +44 (0)1483 882255
Fax: +44 (0)1483 882259

e-mail: reception.gose@go-regions.gov.uk
web: www.go-se.gov.uk

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